Maternal or Newborn Transfer from Planned Home Birth or Freestanding Birth Center to Hospital

Disclaimer

Approvals

- Signature: Sandra Salmon, Dir-Women's & Infant Svcs signed on 9/18/2024, 1:48:59 PM

Revision Insight

Document ID:	70184
Revision Number:	7
Owner:	Sandra Salmon, Dir-Women's & Infant Svcs
Revision Official Date:	9/18/2024

Revision Note:
Minor edits for clarity e.g. 7. B B. If the community midwife leaves the hospital and the hospital care team has questions or needs clarification, they will reach out to the community midwife (see community midwife directory). 8. A A. Provide an opportunity to review transfer and provide feedback with community midwife and receiving provider Described fast 5

Policy : Maternal or Newborn Transfer from Planned Home Birth or Freestanding Birth Center to Hospital

Policy/Summary Intent

To promote collegial, respectful communication and provide safe care guidelines to address intrapartum or postpartum patient transport from planned community birth center/home birth.

Supportive Information

Recognition of the community midwife as a primary care provider who has transferred to a facility due to the need for advanced resources and skilled personnel is essential. Hospital staff provide safe, respectful care to the patient and integrate patient preferences with any necessary interventions. In order to facilitate a smooth transition during the prenatal course, the community midwife discusses the possibility of needing to transfer to a higher level of care facility during the intrapartum or immediate postpartum care for mother or baby care. WA Licensed midwife are regulated by the Washington State Department of Health. See **Appendix E** for Scope of practice information including the postpartum period.

Affected Departments/Services

Childbirth Center

Policy: Compliance - Key Elements (Steps)

1. Community midwives encourage their clients to preregister and tour (in person or virtual) Overlake prior to their due date

2. In event of needing to transfer to the hospital, community midwife explains reason for transport, and anticipated procedures to patient and family including childbirth center visitor policy

3. Community midwife calls Overlake Hospital Labor and Delivery 425-688-5351 to ensure transfer can be accepted

   A. **Maternal Transfer:** Request to speak to Labor and Delivery Charge RN

   B. **Neonatal transfer**: Request to speak to NICU Charge RN

   Key Point → Acceptance of transfer considers both Labor and Delivery and NICU staffing and census

4. If able to accept transfer-hospital staff will:

   A. Assess if birthing parent is pre-registered

   B. Identify insurance carrier to determine receiving provider

   C. Charge Nurse connects community midwife to receiving OB Provider (OB Hospitalist, Kaiser OB provider, or OB provider) or Neonatology/pediatrician provider

5. **SBAR**

   A. Community midwife provides SBAR (provider to provider is preferred) of incoming transfer to hospital (use SBAR Intake Form)- **Appendix A**

   B. Complete Transfer Form as applicable

      1. Birthing Person- **Appendix B**
      2. Newborn- **Appendix C**

   C. Community midwife can provide bedside team hand off

Key Point → It is important receiving provider has a complete and accurate picture of patient prior to arrival

6. **Medical Records**

   A. Community midwife provides copy of relevant medical records or originals for copy

7. Support Hospital team recognizes the community midwife has an established relationship with patient AND:

   A. If possible, community midwife will accompany patient to hospital and facilitate a smooth transfer and continuity of care

      1. Huddle to review plan of care with community midwife, patient and hospital care team
      2. Provide ongoing support for patient
      3. Enhance relationship between community midwives and hospital providers
      4. Improve patient satisfaction

   B. If community midwife leaves the hospital and hospital team has questions or needs clarification, reach out to community midwife (see community directory).

5. Debrief

A. Provide an opportunity to review transfer and provide feedback with community midwife and receiving provider

a. Complete fast five debrief:

1. What went well
2. How can we improve?
3. Did we have the right people?
4. Equipment?
5. Circling back to the white board plan of care

6. Newborns requiring at least 24h observation/management

A. NICU admission

B. Increased risk of Early Onset Sepsis using sepsis calculator algorithm guidance- criteria include:

a. Maternal Temp greater or equal to 38.5 C

b. rupture of membranes greater than 18h

c. post dates or preterm

d. GBS positive

C. Infants on Risk for hypoglycemia as identified in Neonatal hypoglycemia protocol

D. Newborns at risk for hyperbilirubinemia

a. Coomb's positive

b. Later preterm infants

c. Bilirubin in the high risk zone

E. Newborns with congenital anomaly

F. In utero exposure to substances with concern of neonatal abstinence syndrome

7. Discharge and follow up coordination: Hospital provider and/or community midwife coordinate a schedule for follow-up care for mother and baby (e.g. hearing screening).

A. Prior to discharge

a. Newborn admission assessment and discharge orders are completed by pediatrician, newborn rounder, or neonatology with hospital privileges

b. OB assessment and discharge orders are completed by obstetrician, midwife or OB hospitalist with hospital privileges

c. OB and pediatric provider provide SBAR handoff to community midwife ensuring newborn follow up within 24 hours, newborn cardiac screen, newborn screen and hearing screen are scheduled within appropriate time parameters.

8. **Discharging RN** will fax a discharge summary/plan to community midwife office

A. Labs

B. OB Discharge summary

C. Surgical notes if applicable

D. Newborn Discharge Summary

9. **Survey**

A. Encourage completion of Smooth transitions survey (QR Code) by all members involved in hospital birth transfer e.g. community midwife, receiving provider, nursing, EMS staff and client- **Appendix D**

References

Foundation for Health Care Quality (2020). Smooth Transitions HTTP://www.qualityhealth.org/smoothtransitions/

Appendix A

OVERLAKE MEDICAL CENTER & CLINICS

INITIAL CALL TEMPLATE

SBAR Script for Phone Call Received re: Transfer from Community Birth

Name/Credentials of Hospital Staff receiving call: _____

Name & credential/relationship of caller: _____

Date: _____ Time of Call: _____ Call Back Number: _____

Birthing person's Name: _____ DOB: _____

□ G, P: _____ EDD: _____ Number of weeks pregnant _____

Situation:

Transfer for ○ Birthing person ○ baby ○ Birthing person and baby
From a planned: ○ home birth ○ birth center
Reason for Transfer: _____

_____

Client's Location: _____

Who will accompany the client? _____

Mode of Transportation: _____ ETA: _____

Medical Records at this hospital? ○ Unknown ○ Yes ○ No

Background: Relevant prenatal, labor and birth or newborn information, interventions that have been initiated:

_____

_____

_____

Assessment:

Birthing person current condition: ○ Stable
○ Unstable (specify) _____

Baby current condition: ○ Stable
○ Unstable (specify) _____

Recommendation:

Care plan and personnel likely needed on arrival: _____

_____

Checklist:

□ Received call from transferring provider, documented times and completed form

□ Inform consulting physician(s) or receiving CNM (SBAR) of situation/urgency and ETA

□ Inform admitting of situation and ETA

□ Arrange for equipment, room and staff required

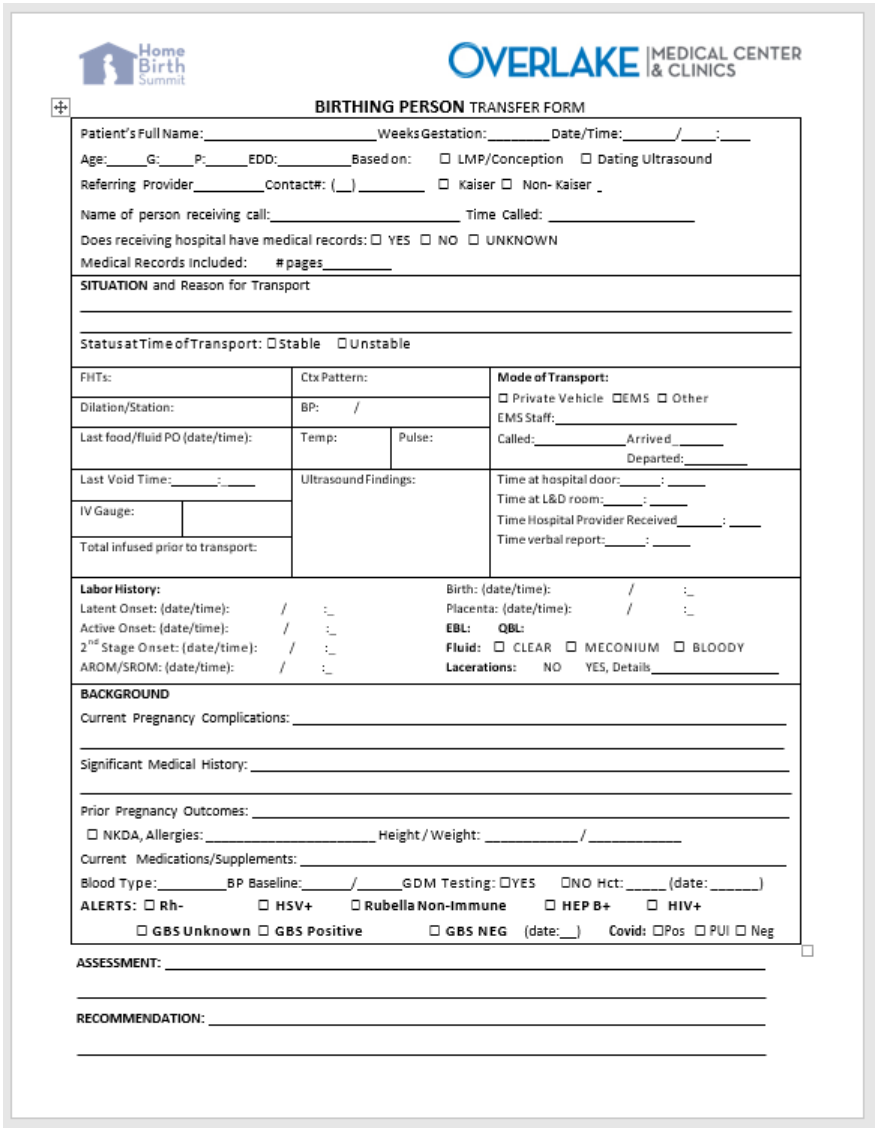
□ Meet and welcome birthing person and home care team in assessment room

□ Complete either BIRTHING Person and/or NEWBORN Transfer Forms as applicable

□ Antenatal and intrapartum records received from transferring provider:
□ Copy placed in chart

Other:

Appendix B



Home Birth Summit

OVERLAKE MEDICAL CENTER & CLINICS

BIRTHING PERSON TRANSFER FORM

Patient's Full Name:_____ Weeks Gestation:_____ Date/Time:_____/____:____

Age:_____G:____P:_____EDD:_____Based on: ☐ LMP/Conception ☐ Dating Ultrasound

Referring Provider_____Contact#: (__) _____ ☐ Kaiser ☐ Non- Kaiser _

Name of person receiving call:_____ Time Called: _____

Does receiving hospital have medical records: ☐ YES ☐ NO ☐ UNKNOWN

Medical Records Included: # pages_____

SITUATION and Reason for Transport

_____

_____

Status at Time of Transport: ☐ Stable ☐ Unstable

FHTs:	Ctx Pattern:	**Mode of Transport:** ☐ Private Vehicle ☐ EMS ☐ Other EMS Staff:_____ Called:_____ Arrived _____ Departed:_____
Dilation/Station:	BP: /	
Last food/fluid PO (date/time):	Temp: Pulse:	
Last Void Time:_____:____	Ultrasound Findings:	Time at hospital door:_____:_____ Time at L&D room:_____:_____ Time Hospital Provider Received_____:____ Time verbal report:_____:_____
IV Gauge:		
Total infused prior to transport:		

Labor History:

Latent Onset: (date/time): / :_

Active Onset: (date/time): / :_

2nd Stage Onset: (date/time): / :_

AROM/SROM: (date/time): / :_

Birth: (date/time): / :_

Placenta: (date/time): / :_

EBL: QBL:

Fluid: ☐ CLEAR ☐ MECONIUM ☐ BLOODY

Lacerations: NO YES, Details_____

BACKGROUND

Current Pregnancy Complications: _____

_____

Significant Medical History: _____

_____

Prior Pregnancy Outcomes: _____

☐ NKDA, Allergies: _____ Height / Weight: _____/_____

Current Medications/Supplements: _____

Blood Type:_____BP Baseline:_____/_____GDM Testing: ☐YES ☐NO Hct:_____(date:_____)

ALERTS: ☐ **Rh-** ☐ **HSV+** ☐ **Rubella Non-Immune** ☐ **HEP B+** ☐ **HIV+**

☐ **GBS Unknown** ☐ **GBS Positive** ☐ **GBS NEG** (date:__) **Covid:** ☐Pos ☐ PUI ☐ Neg

ASSESSMENT: _____

_____

RECOMMENDATION: _____

_____

Appendix C

Home Birth Summit

OVERLAKE MEDICAL CENTER & CLINICS

NEWBORN TRANSFER FORM

Newborn's Full Name:_____ ☐ Male ☐ Female Date/ Time:_____/ ____: ____
Birthing Person's Full Name:_____Phone # ( )_____EDD: _____
Referring Provider:_____Phone # ( )_____Gestation: _____
Referred to: _____
Does receiving hospital have prenatal records? ☐ YES ☐ NO ☐ UNKNOWN
Medical records included: ☐ # Pages: _____

SITUATION and Reason for Transport

_____
_____

Status at Time of Transport: ☐ Stable ☐ Unstable

Mode of Transport: ☐ Private Vehicle ☐ EMS
EMS Staff:_____
Called:_____Arrived_____Departed:_____

Time arrival at hospital:_____: _____
Time Hospital Provider Received_: __
Time verbal report:_____: _____

Labor History:
Latent Onset: (date/time): / :_
Active Onset: (date/time): / :_
2nd Stage Onset: (date/time): / :_
AROM/ SROM: (date/time): / :_

Birth: (date/time): / :_
Placenta: (date/time): / :_
EBL: QBL:
Fluid: ☐ CLEAR ☐ MECONIUM ☐☐BLOODY
Complications: NO YES, Details_____

NEWBORN TRANSITION: ☐ RESUS ☐SUCTION ☐ O2 ☐ PPV ☐ CHEST COMPRESSIONS

NEWBORN EXAM: Birth Weight: _____ APGAR: 1MIN:_____5 MIN:_____10 MIN: _____
Significant Findings: _____
_____
Last VS: Time:_____Heart Rate: _____ Resp. Rate:_____Temp:_____SpO2: _____
Feeding Concerns:_____ Blood Glucose:_____Last Feed (time):_____: ____
☐ Eye Tx ☐ Vitamin K (☐ IM / ☐ Oral) ☐ CCHD Screening ☐ Metabolic Screening

Birthing person BACKGROUND
Current Pregnancy Complications: _____
_____
Significant Medical History: _____
_____
Prior Pregnancy Outcomes: _____
☐ NKDA, Allergies: _____ Height / Weight: _____ / _____
Current Medications /Supplements: _____
Blood Type:_____BP Baseline:_____/_____GDM Testing: ☐☐ YES ☐☐ NO Hct: _____ (date: _____)
ALERTS: ☐ Rh--- ☐ HSV+ ☐ Rubella Non---Immune ☐ HEP B+ ☐ HIV+
☐ GBS Unknown ☐ GBS Positive ☐ GBS Negative (date:_____) Covid: ☐ Pos ☐ PUI ☐ Neg

ASSESSMENT: _____
_____
RECOMMENDATION: _____
_____

Appendix D

Appendix D

Washington Licensed Midwives

Scope of Practice

WA Licensed Midwives (LMs) are regulated by the Washington State Department of Health.

RCW 18.50.010 requires LMs to consult with a physician whenever there are significant deviations from normal in either the mother or the newborn.

RCW 18.50.108 requires LMs to develop a written plan for consultation with other health care providers, emergency transfer, transport of an infant to a newborn nursery or neonatal intensive care nursery, and transport of a woman to an appropriate obstetrical department or patient care area. The written plan must be submitted annually together with the license renewal fee to the Department of Health.

Training Requirements

WA LMs are required by RCW 18.50.040 to obtain a minimum period of midwifery training for at least three years which includes the study of: obstetrics; neonatal pediatrics; basic sciences; female reproductive anatomy and physiology; behavioral sciences; childbirth education; community care; obstetrical pharmacology; epidemiology; gynecology; family planning; genetics; embryology; neonatology; the medical and legal aspects of midwifery; nutrition during pregnancy and lactation; breastfeeding; nursing skills, including but not limited to injections, administering intravenous fluids, catheterization, and aseptic technique; and such other requirements prescribed by rule.

Bastyr University Department of Midwifery offers a Masters of Science in Midwifery degree. More than half of the LMs in WA have graduated from this program since 2010 or from its predecessor, the Seattle Midwifery School, founded in 1978. The remaining LMs in the state have completed their education through one of several accredited distance learning programs, including the Midwives College of Utah and the National College of Midwifery. A majority of the LMs in WA, having completed the North American Registry of Midwives exam, also hold the national credential of Certified Professional Midwife (CPM).

Legend Drugs and Devices WAC 246-834-250

(1) Licensed midwives may purchase and use legend drugs and devices as follows:

(a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitors, tocodynamometer monitors, oxygen and associated equipment, glucose monitoring systems and testing strips, neonatal pulse oximetry equipment, hearing screening equipment, and centrifuges;

(b) Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including a scavenging system;

(c) Neonatal and adult resuscitation equipment and medication, including airway devices and epinephrine for neonates.

(2) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, glucometers and testing strips, iron supplements, prenatal vitamins, and recommended vaccines as specified in subsection (3)(e) through (j) of this section ordered by licensed midwives.

(3) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho (D) immune globulin, and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 0.9% sodium chloride;

(b) Sterile water for intradermal injections for pain relief;

(c) Magnesium sulfate for prevention of maternal seizures pending transport;

(d) Epinephrine for use in maternal anaphylaxis and resuscitation and neonatal resuscitation, pending transport;

(e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women;

(f) Tetanus, diphtheria, acellular pertussis (Tdap) vaccine for use in pregnancy;

(g) Hepatitis B (HBV) birth dose for any newborn administration;

(h) HBIG and HBV for any neonates born to hepatitis B+ mothers;

(i) Influenza vaccine for use in pregnancy;

(j) Any vaccines recommended by the CDC advisory committee on immunization practices for pregnant or postpartum people or infants in the first two

weeks after birth, as it existed on the effective date of this section;

(k) Terbutaline to temporarily decrease contractions pending emergent intrapartal transport;

(l) Antibiotics for intrapartum prophylaxis of Group B beta hemolytic Streptococcus (GBS) per current CDC guidelines; and

(m) Antihemorrhagic drugs to control postpartum hemorrhage including, but not limited to, oxytocin, misoprostol, methylergonovine maleate (oral or intramuscular), and prostaglandin F2 alpha.

Scope of Care Provided by Licensed Midwives in the Postpartum Period

Licensed midwives provide the following routine care to newborns and gestational parents in the postpartum period.

- 18-48 hour home visit following the birth:
  - Complete physical exam for the newborn, including weight tracking [2]
  - Complete physical exam for the gestational parent [1]
  - RhoGam for the gestational parent, as needed [4,6]
  - Assessment of uterine tone and blood loss in the gestational parent [1]
  - Metabolic screening #1 [3]
  - CCHD screening [4,5]
  - Jaundice visual assessment [2]
  - Bilirubin jaundice lab sample, as needed [2]
  - Lactation support and assessment [1,2]
  - Screening for Perinatal Mood and Anxiety Disorders [1]
  - Hepatitis B Vaccine (HBIG and HBV) - May vary by practice [4]
  - 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. [4]
  - Consultation and/or referral to pediatric care for any significant deviation from normal. [2]

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. [1] [2]

Example of Routine Postpartum Care for Licensed Midwives in Washington State:

- 18-48 hour visit covering the above topics and assessments
- Additional visits in the first week for lactation support, newborn weight management, bilirubin jaundice monitoring, as needed. [2]
- 1-2 week visit
  - Assessment of gestational parent/newborn wellbeing including physical exam [1,2]
  - Screening for Perinatal Mood and Anxiety Disorders [1]
  - Newborn weight assessment and management as needed [2]
  - Lactation support [1,2]
  - Metabolic screening #2 [3]
  - Referral to pediatrician for routine newborn care
- 3-4 week visit
  - Assessment of gestational parent well being including physical exam [1]
  - Screening for Perinatal Mood and Anxiety Disorders [1]
- 5-6 week visit
  - Assessment of gestational parent well being including physical exam [1]
  - Screening for Perinatal Mood and Anxiety Disorders [1]
  - Family planning counseling [1]
  - Pelvic exam/pap smear, as needed [1]

[1] RCW 18.50.010

[2] WAC 246-834-255

[3] RCW 70.83.020

[4] WAC 246-834-250

[5] RCW 70.83.090

[6] RCW 18.50.115

Document ID	70184	**Document Status**	Official
Department	Women's and Infants' Admin	**Department Director**	Salmon, Sandra
Document Owner	Salmon, Sandra	**Next Review Date**	09/18/2027
Original Effective Date	07/19/2021		
Revised	[07/19/2021 Rev. 0], [07/22/2021 Rev. 1], [10/12/2021 Rev. 2], [12/08/2021 Rev. 3], [05/04/2022 Rev. 4], [05/09/2022 Rev. 5], [05/20/2024 Rev. 6], [09/18/2024 Rev. 7]		
Keywords	EMTALA, Smooth Transitions, Community Midwives, Birth Center		
Attachments: (REFERENCED BY THIS DOCUMENT)	18.50.115 HTTP://www.qualityhealth.org/smoothtransitions/ RCW 18.50.010 RCW 18.50.108 RCW 70.83.020 RCW 70.83.090 WAC 246-834-250 WAC 246-834-255		
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			