Neonatal – Transfer Protocol

Kadlec Regional Medical Center 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 ED charge nurse (509-727-1581) and notifies them that the baby will be arriving via aid car and give a short report.
    c. The ED charge nurse will activate the neonatal rapid response team and notify the Transfer Center.
    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 in ED. Infant will be stabilized there and admit determined after initial assessment.
    e. Community midwife will provide records either in-person or faxed to the Kadlec NICU (509-942-2753) as soon as possible.
2. **If non-emergent** (e.g. surprise Trisomy 21, jaundice, etc.)
    a. Community midwife will contact the Transfer Center (509-942-2213) and state "I have a non-emergent newborn from the community that requires a higher level of care at Kadlec for (whatever the need is) may I speak on-call NICU provider." The Transfer Center may attempt to connect the community midwife with the receiving provider at that time, if possible. If this can't happen, contact information of community midwife is passed along to receiving provider.
    b. Transfer Center will notify on-call NICU provider or pediatric hospitalist of requested transfer and receiving provider will contact community midwife for a provider-to-provider report.
    c. If possible, the community midwife will accompany newborn or come to hospital for an in-person, provider-to-provider hand off.
    d. Community midwife will fax pertinent newborn records to admitting department (NICU fax: 509-942-2753; Peds fax: 509-942-2887)

- Hospital provider/staff 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.

- Ideally, the discharge summary will be faxed to the community midwife by the discharging provider.

- Community midwives may request records after discharge from Kadlec.
    - Request ROI to HIM at Kadlec via Fax # 509-392-5682
        - Requesting birth summary and discharge summary

- Everyone's feedback is encouraged through the Smooth Transitions surveys. There are surveys for community midwife, receiving provider, nursing, EMS, doula and client. See posters for QR code or go to https://www.qualityhealth.org/smoothtransitions/surveys-2/. These results are reviewed quarterly.

If the transfer of care to Kadlec Medical Center 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:

Anna Wroble
NICU Pediatric Manager
anna.wroble@kadlec.org
(509) 873-4064

Dr. Mosqueda
NICU Medical Director
eric.mosqueda@kadlec.org
(509) 942-2615

If the transfer of care from the community midwife fell below expectations, we ask that follow-up be provided to the Smooth Transitions Program Manager so that we can provide direct, immediate feedback to them.

Please direct feedback to:
Sarah Davidson
sdavidson@qualityhealth.org
(425) 870-5044

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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.

Updated 8/27/2024

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