A transfer of care from community-based midwifery practices to hospital-based care with a certified nurse-midwife or MD may become necessary during a pregnant persons prenatal, intrapartum or postpartum course. It is important that these transfers are smooth to increase patient safety. The purpose of this document is to provide guidance to increase information sharing between all clinicians involved in a persons' care. This will allow for clear communication and efficiency which may in turn decrease barriers from hospitals when accepting transfers and improve overall experience for pregnant person and clinicians.

The following information can help guide Licensed Midwives (LM) when transferring care from a community-based setting to hospital-based setting with Certified Nurse Midwife (CNM) for prenatal or intrapartum management and care.

We have included a checklist for client data that will provide essential initial information to assist the Certified Nurse-Midwife in determining if the client meets criteria for their services, or if the client should be referred directly to a physician.

Eligibility for Certified Nurse-Midwifery Care

Clients are accepted at the Certified Nurse-Midwife's discretion and guidelines are practice specific. All clients accepted for care must be essentially healthy.

Clients with evidence of the following are better referred directly to care through the Licensed Midwife's usual OBGYN or MFM plan for transfer of care:

Severe anemia unresponsive to treatment	Bleeding disorders
Insulin dependent diabetes	Presence of cancer
Heart disease	Significant gastrointestinal disease
Active hepatitis	History of incompetent cervix (antepartum)
Kidney disease	Severe psychiatric disorder
Current seizure or history of seizure disorder	Rh or other sensitization
Disorders of the placenta, such as complete previa at term or abruptio	Abnormal vaginal bleeding
Multiple gestation (twins or more)	Suspected IUGR
Non-reassuring fetal status (NST, BPP, AFI, etc)	Postdates (absence of labor by 42 weeks)
Active herpes at the onset of labor	Hypertension or signs of severe pre-eclampsia
Prolapse of the umbilical cord	Unusual or abnormal fetal presentation or lie
Complex laceration	Hemorrhage that does not respond to routine measures
Maternal fever or other s/sx of chorioamnionitis	Retained placenta

Clients with the following will need to be reviewed with specific midwifery group you are transferring to.

Previous uterine incision (except for low transverse cesarean section)	Prolonged rupture of membranes >24 hours in the absence of active labor
Prolonged second stage of labor (>2 hours w/o descent)	Prematurity (onset of labor prior to 36 weeks)
Prolonged active labor (after 6 cm no change for 3 hours in adequate active labor)	Patient would decline blood products

Prenatal Checklist

Please help make this a smooth transition into CNM care by completing the date and values columns and faxing this as the top page of your client's records. Thank you!

Midwifery Practice _____ Date of Request _____

Patient Name _____ G_____P_____ Gestation: ____

Reason for Transfer _____ EDD (by LMP or u/s): _____

DATE	ITEM	NORMAL / ABNORMAL / VALUES / NOTES
	Planned Place of Birth	___Home ___Birth Center
	Known Allergies	List:
	Last blood pressure taken	Time: Result:
	Last fetal heart tones taken	Time: Result:
	Dating ultrasound (if applicable)	At ____ weeks. EDD:
	Initial Lab Panel	Concerns:
	ABO/Rh Factor	RhIG Administered @ ____ wks
	Routine Anatomy Scan	At ___ weeks. Concerns:
	Gestational Diabetes Screening	At ___ weeks. Results: Follow-up testing (if applicable):
	BMI: TWG:	EFW:
	Influenza vaccine: Y/N	TDaP vaccine: Y/N
	GBS Test	Result: Susceptibility? Last dose of antibiotics:
	>40 Weeks NSTs	Result(s):
	>41 Weeks BPP	Result:
	Pertinent med/family/social hx	
	Pertinent OB history/surgical hx	
	Other:	

Intrapartum Overview

Labor Start	
ROM status (color, time, duration)	
Contraction Pattern	
FHR- any decels?	
Labor progression	
Current cervical status	
Current vitals	