



## GUIDELINE:

# Gestational Parent and/or Newborn Transfer from Community Birth Setting

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## MultiCare Thurston County: Capital Medical Center

**Intent:** The Women's Services (WS) at Capital Medical Center welcomes transfers from home or birth center needing a higher level of care into the hospital setting. Our community hospital fosters family-centered care for patients of varying risk levels and their families. It is our goal to collaborate with community obstetric and newborn care providers to optimize the outcomes for this population.

### Procedure for antepartum transfer of care

- When considering an antepartum transfer of care, community midwife is to call Capital Medical Center at 360.706.6500 and ask to speak to the L&D charge nurse. Request a call back from the on-call OBGYN physician to discuss the antepartum client.
- OBGYN physician will contact the community midwife to accept or divert the transfer to another facility.
- If care is accepted, OBGYN physician will determine the most appropriate provider (CNM or OBGYN physician) to assume antenatal care.
- OBGYN physician will route a message to the front desk who will call the client to schedule appointments at the clinic.
- Community midwife will fax all antenatal records, including labs and imaging, to Capital Women's Healthcare at Fax: 360-705-2757.

### Procedure for intrapartum/postpartum transfer of care (Capital Medical Center):

1. Community midwife to call Capital Medical Center at 360.706.6500 and ask to speak to the L&D charge nurse. Give a brief summary for the reason for the transfer. If the charge nurse determines that census and staffing allow for a transfer, the charge nurse will contact the on-call OBGYN physician to notify of the transfer request.
2. OBGYN physician will contact the community midwife to accept or divert the transfer to another facility.
3. If care is accepted, OBGYN physician will determine the appropriateness of transfer of care to CNM (when available) or OBGYN physician care upon client arrival.
4. Community midwife will give a thorough report to receiving provider, including route of transfer and ETA.
5. Community midwife will provide patient records (prenatal and labor), including labs and imaging, fax to Capital Medical Center at Fax: 360-569-9754 or in-hand.
6. If possible, the community midwife will accompany the client for a warm, provider to provider hand off at the initial huddle.
7. The hospital care team recognizes the community midwife has been 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. (check with WS for most up to date visitor policy). 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. The discharging hospital care team will coordinate with the community midwife follow-up care with the patient and/or the newborn. (The community midwife can sign up for EMR read-only Epic Care Link access).



9. 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 (see community midwife directory). EMR read-only access-EPIC Care Link is available for community midwives.
10. Everyone's feedback is encouraged through the Smooth Transitions™ surveys. There are surveys for the **receiving provider, nursing, community midwife, client, doula, and EMS providers**. The data from these surveys are de-identified, aggregated into a report and reviewed quarterly. See posters for QR code or visit:  
[www.qualityhealth.org/smoothtransitions/surveys/](http://www.qualityhealth.org/smoothtransitions/surveys/)

Note: If baby accompanies an immediate postpartum transfer, the baby will be admitted and cared for by Capital Medical Center providers/staff for the duration of the postpartum patient's hospital stay.

## RESOURCES:

### Antepartum Resources

- CNM/MD care within a small shared-call group allowing for a high likelihood of your client knowing their delivering provider.
- Management of Midwife clients risking out of the community setting.
- Prenatal fetal surveillance as needed based on maternal diagnoses.
- Pain management desires for birth plan (IV/IM med management, and epidural).
- MD involvement /MFM consultation for co-management/management as needed.
- Neonatology Provider (NNP on call)
- Lactation support.
- Childbirth, parenting, breastfeeding, and other patient education services available.

### Intrapartum / Postpartum Resources

- Pain management including:
  - IV narcotics
  - Epidural
  - Therapeutic rest
- Pitocin (and other) induction or augmentation.
- Continuous Fetal Monitoring as needed.
- MD involvement for delivery as needed.
- Neonatology provider at time of birth as needed. (Level I Nursery >35 weeks)
- Lactation support.
- TOLAC support (MD managed).
- Surgical management.
- MD management of complicated perineal repairs/cervical lacerations.
- MD management and ongoing inpatient care for PPH, chorioamnionitis, and other postpartum complications.
- MD management of preterm labor.

## REPORT:

### What to include in Verbal Report from Community Midwife

#### **General information from midwife:**



- What is the reason for the transfer?
- Method of transfer and approximate estimated time of arrival
  - Ambulance
  - Private vehicle
- Name of support person(s) (Check with birth unit on current policy).

#### **Background**

- Name, DOB, interpreter needs.
- Gravida/Para
- EDC, gestation, by LMP or U/S
- Pertinent obstetrical complications, medical, surgical, family, social history
  - Allergies
  - Medications
- Pregnancy course and complications
- Current BMI
- Blood type
- Prenatal lab work
- Glucose results + timing of testing
- GBS status and treatment status
- EFW

#### **Intrapartum**

- Labor start
- ROM status, color of fluid, rupture time and duration
- Contraction pattern
- FHT pattern
- Labor progression
- Current cervical status, if known
- Current BP and temperature
- Medications, including supplements and alternative therapies, used during pregnancy and intrapartum period.
- Gestation (must be  $\geq$  35 weeks)
- Concerns/complications

#### **Postpartum**

- Delivery details (approximate length of labor, length of pushing, lacerations present, vital signs)
- Labor course and complications
- Breastfeeding/lactating status

## **Contact list when calling the unit at 360-706-6500:**

Michelle Kassens CNM: Capital Women's Health.

Cheryl Carney CNM: Capital Women's Health.

Melissa Graham CNM: Capital Women's Health.

Laural Dickason MD: Capital Women's Health.

Kym Walker MD: Capital Women's Health.

Jess Keesee MD: Capital Women's Health.

Michelle Santoyo MD: Capital Women's Health.

Holly Dawson MD: Capital Women's Health and Laborist.

Capital Medical Center Women's Services: 360-706-6500

Charge Nurse ext. 360-569-9405 or 360-706-6500

Jondra Long CapMC Director: ofc. 360-706-6511.

