

Midwifery Consult & Transfer of Care Standards

Client Name _____

The following is a list of situations that require a licensed midwife to either transfer care or seek medical consultation. This is not a complete list as each woman, fetus, and pregnancy are individual and unique and it is impossible to list every possibility.

Please check any known conditions that may apply.

Prenatal Consultation Required	
Positive HIV, Hepatitis B or C	Symptoms of Decreased Fetal Movement
HX of Seizure Disorder	Fever of 100.4 <input type="checkbox"/> For 38 C
HX of Stillbirth, Premature Labor or Gravida >5	Effacement or Dilation of > fingertip w/ctx's <36 wks
< 16 years old, or Primagravida > 40 years old	Measurements of fetal growth < 2cm of gestational age
⊙ FHT by 22 weeks Gestation	2nd degree or greater lacerations of the birth canal
Refusal of RH Bloodwork or Treatment	Except as in R9-16-111(A)(20), Abnormal progression of labor
⊙ 12 lbs by 30wks or ↑ 8lbs in any 2week period	An unengaged head at 7 cm, in active labor
Severe, Persistent headaches w/visual disturbances Stomach pains or swelling of the face and hands.	An abnormal presentation after 36 weeks
> 1+ glucose, ketones or protein on 2 consecutive visits	Failure of uterus ↓ normal size postpartum
↑ vomiting or continued vomiting after 20 weeks	Persistent shortness of breath with 24BPM or Breathing that is difficult or painful.
⊙ No Quickening by 22 weeks	A positive culture for Group B Streptococcus
Tender Uterine Fundus	Gonorrhea, Chlamydia or Syphilis
Heart Disease, Kidney disease or Blood disease	Suturing of Bleeding episiotomy or tearing

Newborn Consultation Required	
Weight less than 2500 grams or 5lbs 8oz	Abnormal Crying
Congenital Anomalies	Meconium Staining of the skin
APGAR less than 7 at 5 minutes	Lethargy, irritability or poor feeding
Persistent breathing at a rate of more than 60 BPM	Excessively pink color over entire body
An irregular heart beat	Failure to void or pass Meconium in the first 24 hrs.
Persistent poor muscle tone	A hip exam which finds clicks or incorrect angle
<36 weeks or >42 week by gestational exam	Skin rash/s not normally seen in the newborn
Yellowish colored skin within 48 hours	Temperature persistently ↑ 99.0 or ↓ 97.6

Prohibited Practice / Transfer of Care Required		
A previous surgery that involved: a. An incision in the uterus, except as provided in R9-16-108 (B)(1), or b. A previous uterine surgery that enters the myometrium		A progression of labor that does not meet the requirements of R9-16-108(J)(4), if applicable
Multiple fetuses		A serious mental illness
Placenta previa or placenta accreta		Pelvis will not safely allow a baby to pass during labor
Hx of severe PP bleeding of unknown cause requiring blood transfusion		Hypertension
Deep vein thrombophlebitis or pulmonary embolism		Persistent Hgb level ↓ 10g or Hct ↓ 30 in the 3rd trimester
Uncontrolled gestational diabetes or Insulin dependent diabetes		Gestational age >34 weeks with no prenatal care
A B/P of 140/90 or an increase of 30mm Hg systolic or 15mm hg diastolic over clients lowest baseline B/P for 2 consecutive readings at least 6 hrs apart		Except as provided in R9-16-108 (B)(2), a fetus with an abnormal presentation.
RH disease with positive titers		Labor beginning before the beginning of 36 weeks
Active: a. Tuberculosis b. Syphilis c. Genital herpes at the onset of labor d. Hepatitis until treated and recovered following which midwifery services may resume. e. Gonorrhea until treated and recovered following which midwifery services may resume		Evidence of Substance abuse, including 6 months prior to pregnancy, to one of the following, evident during an assessment of a client. a. alcohol b. Narcotics c. Other drugs
Pre eclampsia or eclampsia persisting after the second trimester		Gestational age greater than 34 weeks with no prior prenatal care
Hypertension		A gestation beyond 42 weeks
Presence of ruptured membranes without onset of labor within 24 hours		Abnormal fetal heart rate consistently less than 120 BPM or more than 160 BPM
Presence of thick meconium, blood-stained amniotic fluid		Abnormal Fetal Heart Tones
Postpartum Hemorrhage of more than 500mL current preg.		Non-bleeding placenta retained for more than 60 minutes

Newborn Transfer of Care Required		
Birth weight less than 2000 grams or 4 lb 6.54 oz		Pale, blue or gray color after 10 minutes
Excessive edema		Major congenital anomalies
Respiratory distress		

I have received a copy of this list. My signature below confirms that I understand that this is not a complete list and that my midwife may need to terminate my care when certain conditions arise, consult with a physician or other health care provider as necessary and may recommend transfer of care. Furthermore, my signature below gives Arizona Midwife LLC staff permission to discuss my personal and medical information as needed for the purpose of consultation or transfer of care.

Patient Signature _____ Date ____/____/____