



In case of an emergency while in the presence and care of a client we will take the following steps.

- Stabilize the client and or newborn to the best of our abilities and seek more advanced medical care
- Continue care of the client or newborn during the entire process, until more experienced care takes over. This care will include, adult CPR, measures to cease hemorrhage, Neonatal resuscitation, and treatment of shock.
- Gather more advanced medical care either through transporting the client or newborn to the closest hospital, or by calling Emergency Medical Services, by calling 911. The mode of transport will be case sensitive due to location, driving conditions, speed of the local emergency respondents and the clients input as well. We will transport to the closest hospital in case of an emergent situation, and possibly to a more preferred hospital in case of a non-emergent situation in need of transport.
- We will always include the client in the decision of care in case of an emergency, strongly urging and suggesting the safest option in our professional opinion yet listening to her opinion as well.
- We will never leave the client or newborn until it is deemed appropriate by the family or necessitated by other care providers.

Risk Screening Guidelines for planned home births.

The following are conditions EXCLUDE individuals from having planned home births:

- Current alcohol and/or drug addiction
- Significant hematological disorders/coagulopathies that cannot be monitored safely
- History of deep venous thrombosis or pulmonary embolism
- Cardiovascular disease causing functional impairment
- Chronic hypertension
- Significant endocrine disorders including pre-existing diabetes (Type I or Type II)
- Hepatic disorders including uncontrolled intrahepatic cholestasis of pregnancy and/or
- Abnormal liver function tests
- Isoimmunization including evidence of Rh/platelet sensitization
- Neurologic disorders or active seizure disorders

- Pulmonary disease, active tuberculosis or severe asthma uncontrolled by medication
- Renal disease
- Collagen vascular disease
- Current severe psychiatric illness
- Cancer affecting site of delivery
- Other significant deviations from normal as assessed by the home birth provider
- More than one previous Cesarean birth

The following are situations necessitating consultation with other midwives or health care providers, possible referral immediate transport:

1. Antepartum (prenatal)

- polyhydramnios/oligohydramnios
- significant vaginal bleeding
- persistent nausea and vomiting causing a weight loss of >15 lbs.
- postdates pregnancy >42 weeks
- fetal demise after 12 completed weeks of pregnancy
- significant size-dates discrepancy
- abnormal fetal non-stress test
- abnormal ultrasound findings
- acute pyelonephritis
- infections that require treatment beyond the scope of the provider
- evidence of large uterine fibroid that may obstruct delivery or other structural abnormality
- evidence of pregnancy-induced hypertension (BP>140/90 for more than 6 hours at rest)
- hydatidiform mole
- gestational diabetes uncontrolled by diet
- severe anemia unresponsive to treatment (hgb<10, hct<28)
- known fetal anomalies
- noncompliance with plan of care (eg frequent missed appointments)
- documented placental abnormalities, significant abruption past the first trimester or any evidence of previa in the 3rd trimester
- rupture of membranes before 37 weeks
- positive HIV antibody test
- documented intrauterine growth retardation
- primary genital herpes in the first trimester
- Complications existing from Covid-19 infection

2. Intrapartum

- Active Covid-19 infection, complications existing from Covid-19 infection (past or present)
- prolonged rupture of membranes more than 36 hours, GBS negative and not in active labor
- Rupture of membranes for more than 18 hours, not in active labor and GBS positive
- labor prior to completion of 37 weeks gestation with known dates
- non-vertex presentation or lie at a time of delivery including breech
- maternal desire for pain medication or referral

- active initial infection of genital herpes at the onset of labor
- sustained maternal fever
- thick meconium stained fluid with delivery not imminent
- abnormal bleeding (hemorrhage requires emergency transfer)
- unresponsive hypertension with or without additional signs/symptoms of pre-eclampsia
- prolonged failure to progress in active labor
- persistent non-reassuring fetal heart rate
- prolapse of the umbilical cord
- maternal seizure
- sustained maternal vital sign instability and/or shock

4. Postpartum

- Active Covid-19 infection, complications existing from Covid-19 infection (past or present)
- significant maternal confusion or disorientation
- development of any of the applicable conditions listed previously
- undelivered adhered or retained placenta with or without bleeding
- lacerations, if repair is beyond the level of expertise (3rd or 4th degree)
- development of maternal fever, signs/symptoms of infection or sepsis
- anaphylaxis or shock
- significant hemorrhage unresponsive to treatment
- sustained maternal vital sign instability
- acute respiratory distress
- uterine prolapse or inversion

5. Newborn - physician consultation required

- APGAR score <6 at 10 minutes
- abnormal jaundice
- birth weight < 2300 grams
- prolonged temperature instability
- clinical evidence of prematurity (<35 weeks)
- loss of >10% of birth weight/ failure to thrive at two weeks postpartum
- birth injury requiring medical attention
- major apparent congenital anomalies
- jaundice prior to 24 hours
- persistent respiratory distress
- persistent cardiac abnormalities or irregularities
- persistent central cyanosis or pallor
- prolonged glycemic instability
- neonatal seizure

I/ we understand that the aforementioned complications can arise and are out-of-scope for a Certified Professional Midwife and I/we will be referred for transfer or consult.

Client _____ Partner _____

Definitions of Consultation and Referral:

Consultation: the process whereby the provider who maintains primary management responsibility for the woman's care seeks advice or opinion of another CPM, CNM, MD, DO, or OBGYN on patient specific clinical issues . These discussions may occur in person, by electronic communication or by telephone.

Referral: The process by which the home birth provider directs the client to another care provider for management (examination and/or treatment) of a particular problem or aspect of the client's care.