



INDICATION FOR PHYSICIAN CONSULTATION OR REFERRAL

Midwives are specialists in the normal childbearing cycle. When problems arise, midwives must consult with or refer the client's care to a physician. The following list describes problems that indicate the need for physician involvement in your care. We accept only women who are healthy and anticipate a low-risk delivery. Careful prenatal screening, labor monitoring and timely transfer to the hospital when complications arise minimize the risks of home delivery.

Generally ineligible for acceptance into practice:

- Chronic hypertension
- Heart disease/congenital heart defects
- Renal disease
- Severe psychiatric disorders
- Seizure disorders
- Alcohol or drug abuse
- Cigarette smoking > 1 pack/day
- Severe recurring migraines
- Diabetes
- Thyroid disease

- Chronic pulmonary disease (including TB and severe asthma)
- Bleeding disorders/hemolytic disease
- Severely under/over weight at onset of pregnancy
- Active gastrointestinal disease
- Active hepatitis
- Inadequate prenatal care
- Rh sensitization
- Current cancer
- Maternal age < 16
- Previous classical cesarean section/uterine surgery
- Congenital anomalies which may affect childbirth
- Major uterine myoma
- Sickle Cell Disease or other severe hemoglobinopathy
- Collagen disease
- Severe maternal malnutrition
- Inability of client and midwife to agree on plan of care
- Necessary support network for care of mother/infant not available or not functioning in a healthy manner

Antepartum indications for reassessment and consultation

and/or transfer of care to a physician:

- Development of any of the conditions listed previously
- Pregnancy induced hypertension
- Poly- or oligohydramnios
- Primary genital herpes
- Severe vaginal bleeding
- Hyperemesis gravidarum
- Ectopic or molar pregnancy
- Recurrent UTIs or acute pyelonephritis
- Documented IUGR/SGA baby
- Postdates (> 42 wks)
- Gestational diabetes
- Severe, intractable anemia (Hgb < 10; Hct < 30 at term)
- Persistent abnormal presentation or lie
- Abnormal fetal well-being indicators (FMC, NST, CST, BPP)
- Documented sign of fetal anomaly
- Thrombophlebitis
- ROM < 37 wks
- 1st trimester rubella or varicella infection

INDICATION FOR PHYSICIAN CONSULTATION OR REFERRAL

- Signs/symptoms/positive test for infection (GC, CT, syphilis, Hep B, parasites)
- Multiple gestation
- Persistent placenta previa
- Abnormal Pap smear
- Noncompliance with plan of care
- Positive Rh antibody screen in Rh negative woman
- Fetal demise in 2nd or 3rd trimester
- Development of any other severe obstetrical, medical and/or mental problems
- Client request

Intrapartum indications for physician consultation or hospital transfer:

- Development of any of the conditions listed above
- Persistent fetal distress
- Active genital herpes at onset of labor
- Thick meconium staining of amniotic fluid
- Labor prior to 37 weeks
- Cord prolapse
- Maternal fever (> 100.3 F)
- Abnormal labor pattern

- Prolonged ROM > 48 hrs without active labor, > 72 hrs without delivery
- Signs of maternal distress
- Signs/symptoms of pre-eclampsia or eclampsia
- Client request

Postpartum indications for physician consultation or hospital transfer:

- Unstable maternal vital signs
- Uncontrolled hemorrhage
- 3-4th degree perineal tears or cervical tears
- Retained placenta (> 60 min)
- Seizure
- Infection
- Intractable postpartum depression or psychosis
- Thrombophlebitis
- Uterine prolapse

Neonatal indications for hospital transfer or physician consultation:

- Apgar score < 7 at 5 min and not > 7 at 10 min
- Major congenital anomalies
- Cardiac abnormality
- Respiratory distress

- Persistent central cyanosis/pallor
- Temperature abnormality
- Low birth weight (< 5.5 lbs)
- Prematurity, dysmaturity
- Birth injury that requires medical attention
- Jaundice in the first 24 hrs or extreme jaundice after 24 hrs
- Loss of > 10% birth weight after birth
- Fails to urinate or move bowels with 24 hrs
- Signs/symptoms of hypoglycemia that doesn't improve with feeding
- Failure to thrive
- Seizures

I understand the above indications for transfer of care from my midwife to the hospital and/or doctor.

Client signature

Print Name

Date