Best practices:
Transfer to hospital from planned out-of-hospital birth

UWNQC Utah Women & Newborns Quality Collaborative

Utah Department of Health & Human Services

Third edition, April 2025

Mission

Out-of-hospital birth is protected by Utah Code 58-77-304 which states, "parents have the right to deliver their baby where, when, how, and with whom they choose, regardless of licensure." State-specific hospital regulations and the Emergency Medical Treatment and Labor Act (EMTALA) establish the legal framework for requiring access to hospital care. Regardless of our individual opinions regarding this choice, some people will choose an out-of-hospital birth. Every person who seeks care during pregnancy has the right to competent and respectful medical care regardless of their planned birth setting or selected birth attendant. An integrated, inter-professional maternity care system that promotes a safe and seamless transfer of care to a hospital when needed optimizes outcomes for these parents and their babies. These best practices facilitate such a care system.

"All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport, and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits."
Home Birth Summit

If you would like help to implement these recommendations, email **uwnqc@utah.gov**.

How the best practices were developed

During the Home Birth Consensus Summits (www.homebirthsummit.org) in 2011 and 2013, a multidisciplinary group of home- and hospital-based providers and stakeholders developed national best practice guidelines. The Utah Women and Newborns Quality Collaborative (UWNQC) Out-of-Hospital (OOH) Birth Committee considered existing regional policies and local experience and adapted these national guidelines for Utah healthcare providers. This document is organized by provider type and best practice topic, and divided by phase: before, during, and after transfer.

Terminology

We recognize not all providers of out-of-hospital birth services are midwives. We use the term "midwife" because the vast majority of these service providers in Utah self-identify as midwives. Most midwives prefer the term "client" to "patient." Most hospital providers use the term "patient," not "client." We refer to the laboring or postpartum mother as "client" in the out-of-hospital context and as "patient" in the hospital context. We believe maternity care should be family-centered. We refer to the patient or client but acknowledge the critical role family and friends can have in the birth process.

Let's work together

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Support these best practices	Develop and maintain written policies that reflect and endorse the best practices included in this document.				
Learn about community birth	Read *Planned out-of-hospital births in Utah, 2016–2021: A descriptive review*.				
Develop a general plan	Develop a general plan for the logistics of transporting, including driving, providing care en route, providing care when only the mother or baby (not both) is transporting, and returning the midwifery team from the hospital.		Develop policies to share care tasks with midwives, the level of responder who will be dispatched to birth transfers, and what training responders need in preparation for participating in birth transfers. Review UWNQC's *Birth Bridges* tools (birthbridges.utah.gov).		Obtain a **printed** *Birth Bridges* binder (email **UWNQC@utah.gov**) and keep it at the labor and delivery desk. File updated sections in it as received, and encourage labor, delivery, and newborn care staff to become familiar with its content.
Know provider types	Become familiar with the various levels and associated practice scopes of EMS responders (emergency medical responder [EMR], emergency medical technician [EMT], advanced EMT [AEMT], paramedic, critical care). (EMS training, EMS	Familiarize yourself with the various *types of midwives in Utah* (CNM, CPM, LDEM, UDEM) and the typical practice scope of each type.			

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	equipment and meds)				
Connect	Introduce yourself in writing (consider using the UWNQC *Midwife introduction* form) to the hospitals you may transfer to, and to EMS services who may help you with transfers. Include a photo and your practice name, birth center name (if any), and contact information.		Read the UWNQC *Midwife introduction* forms or similar letters you receive, and store them in the UWNQC *Birth Bridges* binder.		File *Midwife introduction* forms and similar letters in the UWNQC *Birth Bridges* binder as they are received.
	Connect with local EMS services. Meet the people who may help with your transfers.		Connect with local midwives (you may want to start with this list of members of the Utah Midwives Organization) and birth centers. Meet the midwives who will initiate transfers.	Get to know the community midwives who may transfer to you. You may want to view this list of members of the Utah Midwives Organization.	
Discuss transfer prenatally	Document your transfer policies and provide information to the client prenatally about hospital care, transfer scenarios, and procedures that may be necessary.	Discuss the possibility of transfer with the client prenatally and provide information and resources about hospital care, procedures, and available options. Help the client research and understand their			

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
		midwife's or birth center's transfer policies and procedures.			
Plan for transfer	Document an agreed-upon transfer plan (consider using the UWNQC transfer *Plan* form) with the client. Review the policies and limitations of the EMS service that would respond to an emergency, and incorporate that into the transfer plan. (EMS training, EMS equipment and meds)	Offer to help the client write a transfer preferences plan and encourage them to discuss it with their midwife.	Become familiar with the ambulance's birth and neonatal resuscitation kits, and know how to use them. Be familiar with the most common reasons midwives call EMS for transfers (fetal distress, postpartum hemorrhage, and neonatal resuscitation). For training purposes, keep expired birth kits or purchase an extra when they are changed.	Participate in training opportunities which incorporate these best practices and practice using the UWNQC transfer tools.	Provide staff training that includes the UWNQC best practices and transfer tools. Provide simulation/team training opportunities that address transfer scenarios and incorporate the UWNQC best practices and transfer resources. Create clear communication and written protocols to welcome incoming community birth transfers. Create protocols that support community birth transfers going straight to labor and delivery (L&D) or the NICU when possible, rather than the emergency department

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
					(ED).
Prepare prenatal records	Prepare a copy of all prenatal records to deliver (by fax or hard copy) to the receiving provider in the event of transfer. If possible, prepare an additional paper copy of all prenatal records for EMS in case they are needed.				
Know *hospital-specific transfer guidelines*	Know and follow the UWNQC *Hospital-specific transfer guidelines* for the hospital receiving the transfer.				
	When possible, review the current online transfer guidelines during the labor.	Guide the client to understand the care policies of the transfer hospital, including those documented in the UWNQC *Hospital-specific transfer guidelines*.			Regularly review your hospital's transfer guidelines to make sure they reflect the preferred maternal and neonatal transfer processes.
Use the UWNQC *Provider-to-Provider* form	Learn about the UWNQC *Provider-to-Provider* form and use it for all transfers.				Encourage providers and staff to use the UWNQC *Provider-to-Provider* form for all transfers.

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	Complete as much information as possible on the UWNQC *Provider-to-Provider* form before and during labor.				
Prepare vehicles	Prepare any private vehicles that may be used to transfer a mother or baby (chux pads, car seat, etc.) during labor.	Help the midwife prepare the private transport vehicle and determine if you should ride with the client or come in your own vehicle.			
Monitor the client	Assess the client, fetus, and newborn throughout care to determine if transfer is necessary. Discuss the implications of the labor course with families and offer transfer when labor is long or dysfunctional. If possible, obtain an electronic fetal monitor strip prior to transfer when heart tones are questionable or before any non-emergent transfer.				

Before transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Reassure the client	Reassure the client that the providers at the hospital will give them excellent care.	Reassure the client that you will accompany them to the hospital to provide continuity of care and be an advocate.			
Prepare the client	Prepare the client for what may be recommended at the hospital. For example, if you feel a cesarean is necessary, tell the client before you leave for the hospital that it is likely to happen. Inform intrapartum clients that transport can result in a reduction of dilation on the first assessment at the hospital, and that this is normal.	Employ doula advocacy and shared decision-making support for any recommended procedures.			

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Keep to scope	Confine your services to the scope of practice defined by law and professional practice standards. Respect the roles of other care providers and avoid discouraging or contradicting their advice in front of the patient/client whenever possible.				
Announce the transfer	If transporting via EMS, advise the 911 dispatcher that you are a licensed/certified/ unlicensed midwife and quickly answer the dispatcher's questions according to their script. Do not attempt to skip their questions, even if you feel they don't apply. Dispatchers do not have the ability to deviate from the script. Using SBAR (situation, background, assessment, recommendations) and the hospital's transfer guidelines, notify the receiving hospital or provider of the incoming transfer, including the reason, a brief relevant clinical history, the planned mode of transport, and the expected time of arrival.	Assist in logistically preparing the client and their support team for transport. For example, help the client dress or gather insurance documents. Remain by their side as much as possible to provide reassurance and answer questions.	Call the hospital per EMS guidelines.	If possible, allow the midwife to speak directly to the receiving physician or nurse-midwife.	Have a defined and efficient process to receive communication regarding an incoming transfer and to notify the receiving provider.

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Document the transfer	Document transfer details in the medical record and on the UWNQC *Provider-to-Provider* form, including the time of decision to transfer, the reason for transfer, the time of transfer, the hospital to which the client was sent, the mode of transfer (via private vehicle or EMS), and the main attending provider at the hospital.		Document the transfer per EMS guidelines.	Document in the admission history and physical (H&P) section of the electronic medical record that a laboring or postpartum patient or newborn was transferred after attempted or achieved out-of-hospital delivery. If possible, include the name of the transferring midwife and birth center.	Implement a system to accurately capture, in the admission history and physical (H&P) section of the electronic medical record, that a laboring or postpartum patient or newborn was transferred after attempted or completed out-of-hospital delivery. These standard questions are recommended: **Was this an attempted planned home delivery that was transferred from home?** Yes/No **Was the patient transferred from another healthcare facility or birth center?** Yes/No If yes, specify the facility or birth center.

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
EMS introductions	If EMS was called, upon their arrival, the supervising midwife should be identified by name and title, including licensed or unlicensed status. If EMS was called, introduce the client and their support team to them when they arrive.	If EMS was called, introduce yourself to emergency services personnel and indicate that you are the doula.	Upon arrival at the scene, the lead should ask who the supervising midwife is, and introduce themself by name and licensure level (EMR, EMT, AEMT, paramedic, or critical care). Introduce the EMS team to the client and their support team.		
Report to EMS	If EMS was called, provide a summary report to them when they arrive and directly communicate the specific problem (for example, “1000mL blood loss” instead of “postpartum hemorrhage”).		Request a summary of the situation from the supervising midwife. Ask clarifying questions as necessary.		
Coordinate initial emergency care	If EMS was called, be prepared to tell them how they can best help. If EMS was called, allow them to perform their work without interference. If you are	Support the client, partner, or other family members but do not interfere with the communication between the midwife and EMS.	Ask what emergency services the midwife needs, particularly what she needs help with first. Quickly determine what care the midwife should provide, and what care should be provided by		

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	able to help, offer to do so.		EMS, recognizing that the midwife likely has more birth experience and expertise. The midwife may request that EMS help stabilize the mom or baby without transferring to the hospital.		
Ride along	If EMS was called, request to ride in the ambulance with the client, if appropriate. EMS will decide who accompanies the mother or baby in the ambulance, and whether they do so in the patient compartment or in the front seat. See Administrative Rule 156-77-603(2)(d): "if possible, when transferring the client by ambulance or private vehicle, the LDEM accompanies the client."	If the client desires, request to ride in the ambulance. If the midwife also requests to ride and there is no room for both of you, allow the midwife to go unless the client requests otherwise.	If the midwife and/or doula requests to ride in the ambulance with the patient, allow them to do so if policy permits and at EMS crew discretion. See Administrative Rule 156-77-603(2)(d): "if possible, when transferring the client by ambulance . . ., the LDEM accompanies the client." If the emergency is with the baby only, advise the mother that she has an increased risk of hemorrhage when her baby is transferred without her, and allow the mother to transport with the baby if she chooses.		

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Coordinate care en route	Continue to provide care en route (when appropriate and if desired by the client) in coordination with emergency services personnel, if applicable.	Continue to provide support en route (when appropriate and if desired by the client) in coordination with the midwife and emergency services personnel if applicable.	If the midwife is riding along, coordinate care en route between the midwife and EMS personnel.		
Accompany the client at the hospital	Accompany the client at the hospital whenever possible. If not possible, communicate this to the hospital team and provide a way to contact you with any questions.	Accompany the client at the hospital and continue to offer doula support.		If the midwife is not able to be at the hospital with the patient, communicate with them by phone to answer any questions you may have and to provide updates.	
Report to the hospital	If EMS was called, upon arrival at the hospital, let EMS give their report to the receiving provider first. Provide a brief verbal SBAR (situation, background, assessment, recommendations) report to the receiving medical providers (both the nurse and the physician or nurse-midwife). Use the UWNQC		Upon arrival at the hospital, give your report to the receiving hospital provider.	Receive report from EMS, if applicable. Receive report from the midwife and request a UWNQC *Provider-to-Provider* form from the midwife. If the midwife does not have one, give her one. If time is short, put at least the patient's name and the midwife's contact	Implement a process to incorporate UWNQC *Provider-to-Provider* forms into the hospital medical record and make them available to birth certificate clerks.

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	Provider-to-Provider form to facilitate communication. If not possible prior to arrival, add transfer information after arrival at the hospital. Keep a copy of the transfer form for your records, and give a copy to the receiving provider or nurse.			information on the form. Include the completed form in the medical record for birth certificate purposes, for future reference, and to facilitate follow-up communication with the transferring midwife.	
Provide records	If records were faxed to the hospital, ask if they were received. If not faxed or if not received, give the receiving provider (or nurse) the prenatal records for the client, along with a copy of current labor records. Give the prepared copy of prenatal records to EMS, if applicable.		Ask the midwife for a copy of all relevant care records needed for the transfer report.	Request a copy of full prenatal and labor records from the midwife.	Develop a process to incorporate community provider records into the hospital patient care record.
Communicate professionally	Communicate directly and respectfully with all participants in the transfer.				
				Get clinical information from the midwife in addition to any information provided by the patient. Do not rely solely on the patient's report.	Encourage staff to be collegial and respectful to any providers accompanying a transferred patient.

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Hospital introductions	Introduce the birthing patient and their support team to the receiving hospital providers, and indicate that you are the midwife.	Introduce yourself to the hospital team, and indicate that you are the doula.	When handing the patient off at the hospital, tell the receiving provider that a midwife was caring for the client and is available to answer questions. If with you, introduce the midwife.	Introduce the hospital care team to the birthing patient and their support team, as well as to the midwife.	
Roles upon transfer	Fully transfer clinical responsibility to the hospital team. (If you have privileges, you may be able to continue care within your scope.) Continue to provide emotional and physical support to the client if the client chooses, with any necessary adaptations to support medical care. Encourage the doula to continue in the support role.	Continue to provide emotional and physical support to the client after arrival at the hospital if the client chooses, with any necessary adaptations to support medical care.		Welcome and encourage the midwife and doula to continue in the support role.	Implement policies to facilitate midwife-to-midwife transfers when possible, and that permit the midwife and doula to continue in the support role in the hospital.
Inform and share decision-making	Help the hospital team understand the client's need for information about their care options.	Make sure the hospital team understands the client's need for information and involvement in the decision-making process.		Provide an overview of hospital processes and expectations. Remind the patient (or parents) of their right to make informed choices.	

During transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	Help the client understand the hospital provider's care plan.	Give copies of the client's transfer preferences plan to the hospital team and advocate for the client if their preferences are being overlooked. Help the client understand the hospital provider's care plan and maintain the client's role in the decision-making process.		Share decision-making with the patient (or parents) and care team to create a care plan that incorporates the values, beliefs, and preferences of the patient. Compassionately recognize that the patient's birth plan has been disrupted and honor as many elements of the birth plan as you safely can.	Recognize the importance of shared decision-making in any relevant hospital policies.
Attend to psychosocial needs	Respond sensitively to the client/patient's psychosocial needs that may result from the change in plans. Help the client/patient understand the reason for the transfer.				
Include the community care and support teams	Include the partner in discussions about transfer. Explain complications, progression, or improvement. Keep the partner updated if they do not accompany the client on the transfer.	Make sure the partner and any other support people are kept informed of all updates. Advocate for partner involvement in all communication with hospital staff.		Welcome the birthing patient's primary support person, doula, and midwife to be present during assessments and procedures, if the patient chooses, including allowing them to be present in the operating room during a cesarean procedure, if it can be safely accomplished. Recognize that the patient considers the doula and	Consider developing policies that allow doulas, support people, and the midwife to provide support to the patient and to be present during procedures, including cesarean sections, whenever possible.

During transfer					
	Midwives	**Doulas**	**EMS personnel**	**Hospital providers**	**Hospitals/systems**
				midwife as important members of their care team.	
Keep the mother and baby together	If mother and baby must be separated during a transfer, make sure the one who does not go to the hospital receives adequate care until discharged.	Advocate for keeping mother and baby together, and support mothers who are separated from their baby.	If both mother and baby are transporting, do so in the same ambulance if patient condition, staffing, and department policies permit.	Keep the postpartum patient and newborn together during the transfer and after admission whenever possible. Follow hospital policy when considering whether to admit a well newborn.	Consider developing policies to allow mother and baby to be together whenever possible, while avoiding unnecessary admissions in order to do so.
Provide lactation support	If the mother is transferred but the baby is not, provide support to the baby's caregiver to feed the baby.	Remain after the birth to support lactation efforts and the client's transition to the hospital postpartum unit if immediate postpartum services are included in the doula service agreement and the client chooses this option.		Provide lactation support as part of maternal care, regardless of neonatal admission status.	

After transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
Update EMS	If EMS was called, call the non-emergency number for the service to relay patient disposition to the EMS team.		Provide a contact number for follow-up and debriefing with the midwife.		
Discharge				If the maternal patient desires and it can be safely accomplished, consider early discharge. Be sure to coordinate with the pediatric discharge process.	
Arrange follow-up care	Coordinate follow-up care for the client and newborn with the hospital team. Resume care upon discharge if the client desires.	Follow up with the client before and after discharge as described in the doula services agreement.		Coordinate follow-up care with the midwife for the postpartum patient and newborn.	
Debrief	Request and participate in a debrief with as many of the participants in the transfer as possible before discharge. Use the UWNQC *Debrief* form.			Request and participate in a debrief with as many of the participants in the transfer as possible before discharge. Refer to the UWNQC *Debrief* form.	Regularly review community birth transfers in the spirit of safety and process improvement.
	If EMS was called, contact the EMS lead to arrange a mutually agreeable time to debrief, ideally within 10	Support the client's need to process the birth and transfer experience.	Contact the midwife to arrange a mutually agreeable time to debrief, ideally within 10 days of the birth. Use the		

After transfer

	Midwives	Doulas	EMS personnel	Hospital providers	Hospitals/systems
	days of the birth. Use the UWNQC *Debrief* form.		UWNQC *Debrief* form. Include the midwife in any critical incident stress debriefing (CISD) held regarding the transfer.		
	Use the debrief sessions and reviews to improve the transfer process.				
Get feedback	Ask for feedback from the client/patient about their experience. Use the transfer *Feedback request* form to encourage the client/patient to enter feedback in the transfer *Feedback* survey. Use the feedback to improve processes, quality of care, and safety for all patients/clients. Consider referring the client to the *Birth trauma resources* website.				
Close the records loop	Send a copy of the UWNQC *Provider-to-Provider* form to the Office of Vital Records with your monthly report of births.			Send a copy of relevant medical records to the referring midwife (including admission history and physical, delivery note, and discharge summary).	Establish processes for sending a copy of relevant medical records to the referring midwife (including admission history and physical, delivery note, and discharge summary).
Complete the transfer survey	Submit feedback regarding the transfer via the UWNQC transfer *Feedback* survey, ideally within 10 days of the birth. Send feedback regarding these best practices and all related materials, (hospital-specific transfer guidelines, forms, *Birth Bridges*, etc.) via email to **UWNQC@utah.gov** .				
Be respectful of others	Speak respectfully to everyone who participated in the transfer. If you have an issue with someone, speak directly to them about it. Remember your responsibilities under HIPAA to keep client/patient information private. Do not criticize or blame the client's/patient's birth choices. Acknowledge that everyone involved is trying to provide the best care they can.				

Acknowledgments

The Utah Department of Health and Human Services acknowledges the following individuals who contributed to the development of this document:

Angela M. Anderson, CNM, DNP, FACNM
Board chair, UWNQC

Marie Aschliman
Birth program manager, Office of Vital Records & Statistics

Karen Ady, MSN, CNM

Bonnie Baker, CPM
Director of professional development, Utah Midwives Organization director of professional development

Heather Bertotti Sarin, MBA, MPH, PMP
Program manager, UWNQC

Fara Bitter, CPM, LDEM, CD, BSPH
Vice president, Utah Midwives Organization, Newborn Hearing Screening Advisory Committee

Erin A. S. Clark, MD
Maternal-fetal medicine
Out-of-Hospital Births Committee chair, UWNQC

Robynne E. Carter, CD (DONA), ICCE
Birth and postpartum doula, doula mentor and trainer

Carly Chapple, CD (DONA)
Utah Doula Association, birth and postpartum doula

Brogan Crockett, MS, MHA, NR-P
Paramedic, Utah Maternal Mortality Review Committee, Utah Infant Mortality Review Committee, Utah EMS Rules & Policy Taskforce

Stacey Green, CBD, CPD, CBE, CBSD
Certified birth doula, postpartum doula, childbirth educator, certified breastfeeding support doula

Bryanna Hazelwood, CPM, LDEM
President, Utah Midwives Organization

Chris Miller, CPM
Arrivals Birth Services

Eliza Payne
Utah Doula Association

Lindsay Ransom, CPM, LDEM
Education director, Utah Midwives Organization, Utah Infant Mortality Review Committee

Kristi Ridd-Young, BS
Vice president, Midwives College of Utah Board, DONA-approved doula trainer

Suzanne Smith, CPM, LDEM
Coordinator, Perinatal Mortality Review Program

Angie Stewart, RN

Liz Stika, CPM, LDEM
Two Leaves Midwifery

Heidi Sylvester, CPM, LDEM
Abstractor, Perinatal Mortality Review Program

Sarah Watkins, doula
Utah Doula Association

Monica Wilkinson, BS, CBD, CBE
Vice president, Utah Doula Association, birth doula, childbirth educator