			M	edical intera	action	n rules for licens	sed d	irect-entry m	idwives		
Blood pressure											
	If								Then		
Systolic		Diastolic		Proteinuria		24 hr urine total protein		ANY of these: epigastric pain, headache, visual disturbances, decreased fetal movement	Condition type	Transfer to	Transfer type
Antepartum											
>140 2 reads 6+ hrs apart	OR	>90 2 reads 6+ hrs apart	AND	No more than trace	AND	<300mg/24 hr or <0.3gm/24 hr (if done)	AND	No	Collaborate		
>140 2 reads 6+ hrs apart	OR	>90 2 reads 6+ hrs apart	AND	+1 to +2	AND	>300mg/24 hr or 0.3gm/24 hr (must do)	AND	No	Waivable transfer	Appropriate provider	Regular
>140 2 reads 6+ hrs apart	OR	>90 2 reads 6+ hrs apart	AND	+1 or greater			AND	Yes	Mandatory transfer	MD or DO	Regular
>160 2 reads 6+ hrs apart	OR	>110 2 reads 6+ hrs apart	OR	+3 to +4	OR	>5000mg/24 hr >5gm/24 hr	OR	Yes	Mandatory transfer	MD or DO	Regular
						Intrapartum	1				
>160 sustained	OR	>110 sustained					Waivable transfer	Appropriate provider	Regular		
											v1 8/2025
						-601, subsections (3)(a ing the appropriate re			l (6)(a)(i-iii). If a client's c	condition does no	ot match the