

## Medical interaction rules for licensed direct-entry midwives

Conditions							
	Mandatory consult	Consult	Collaborate	Refer	Transfer	Mandatory transfer	
Antepartum	<p>&lt;---Not Waivable---&gt;</p> <ul style="list-style-type: none"> <li>◆ Miscarriage at 14+ wks</li> <li>◆ Gestation 42+ wks</li> <li>◆ Breech at 36+ wks</li> <li>◆ Sign or symptom of placenta previa</li> <li>◆ Sign or symptom of DVT</li> <li>◆ Sign/symptom of pulmonary embolism</li> <li>◆ Vaginal bleeding at 20+ wks with Hx c-sec and no sono verifying placental location</li> <li>◆ Rh (or other RBC) isoimmunization known to cause erythroblastosis fetalis</li> </ul>	<p>&lt;-----Waivable-----&gt;</p> <ul style="list-style-type: none"> <li>◆ Suspected IUGR</li> <li>◆ Severe vomiting unresponsive to LDEM tx</li> <li>◆ Pain unrelated to discomforts of pregnancy</li> <li>◆ Condylomata that may obstruct delivery</li> <li>◆ Anemia unresponsive to LDEM tx</li> <li>◆ Hx genital herpes</li> <li>◆ Fetal demise &gt;14 wks</li> <li>◆ Suspected multiple gestation</li> <li>◆ Confirmed chromosomal or genetic aberrations</li> <li>◆ Hepatitis C</li> <li>◆ Hx c-sec w/o ultrasound verifying placental location</li> </ul>	<ul style="list-style-type: none"> <li>◆ Infection unresponsive to LDEM tx</li> <li>◆ Seizure disorder affecting the pregnancy</li> <li>◆ Hx cervical incompetence w/surgical tx</li> <li>◆ Systolic BP &gt;140mm or diastolic BP &gt;90mm in 2 readings 6+ hrs apart, no more than trace proteinuria or other evidence of preeclampsia</li> </ul>	<ul style="list-style-type: none"> <li>◆ Thyroid disease</li> <li>◆ Breast changes unrelated to pregnancy or lactation</li> <li>◆ Severe psychiatric illness responsive to treatment</li> <li>◆ Heart disease with potential to affect or to be affected by pregnancy, labor, or delivery</li> </ul>	<ul style="list-style-type: none"> <li>◆ Current drug/alcohol abuse</li> <li>◆ Current dx of cancer</li> <li>◆ Persistent oligohydramnios</li> <li>◆ Confirmed IUGR</li> <li>◆ Prior c-sec w/unk incision type</li> <li>◆ Hx preterm delivery &lt;34 wks</li> <li>◆ Hx severe pp bleed</li> <li>◆ Primary genital herpes</li> <li>◆ Systolic BP &gt;140mm or diastolic BP &gt;90mm in 2 readings 6+ hrs apart, and 1+ to 2+ proteinuria confirmed by 24hr urine &gt;300mg protein</li> </ul>	<p>&lt;-----Not waivable-----&gt;</p> <ul style="list-style-type: none"> <li>◆ Severe pre-e or PIH evidenced by systolic BP &gt;160mm or diastolic BP &gt;110mm in 2 readings 6+ hrs apart, or 3+ to 4+ proteinuria, or &gt;5gms protein in 24 hr urine; or systolic BP &gt;140mm or diastolic BP &gt;90mm in 2 readings 6+ hrs apart, 1+ proteinuria, and any of: epigastric pain, headache, visual disturbances, decreased fetal movement</li> <li>◆ HELLP syndrome</li> <li>◆ Platelet count &lt;75,000</li> <li>◆ Confirmed ectopic</li> <li>◆ Significant vaginal bleed at 20+ wks inconsistent w/normal pregnancy &amp; posing continuing risk to mother/baby</li> <li>◆ Severe psychiatric illness unresponsive</li> <li>◆ HIV or AIDS</li> <li>◆ Insulin-dependent diabetes</li> <li>◆ No labor by 43.0 wks</li> <li>◆ Diagnosed DVT or PE</li> <li>◆ Rh isoimmunization or other RBC isoimmunization known to cause erythroblastosis fetalis with ab titre &gt;1:8</li> <li>◆ Prior c-sec with: <ul style="list-style-type: none"> <li>- known classical/inverted-T/J incision or incision extension to upper segment</li> <li>- no sono (by 35 wks or prior to starting care) that r/o implantation over scar</li> <li>- no signed informed consent meeting rule requirements</li> <li>- gestation &gt;42.0 wks</li> </ul> </li> <li>◆ Multiple gestation</li> <li>◆ Placenta previa at 27.0+ wks</li> <li>◆ 3+ previous c-sections</li> </ul>	<p>Antepartum</p> <p>M R e o g u l a r D O</p>
Intrapartum					<ul style="list-style-type: none"> <li>◆ Visible genital lesions suspicious of herpes virus infection</li> <li>◆ Sustained diastolic BP &gt;110mm or systolic BP &gt;160mm</li> <li>◆ Excessive vomiting, dehydration, acidosis, or exhaustion unresponsive to LDEM tx</li> </ul>	<ul style="list-style-type: none"> <li>◆ Signs of uterine rupture</li> <li>◆ Progressive labor &lt;37 wks except m/c, confirmed fetal death, congenital anomalies incompatible w/life</li> <li>◆ Prolapsed umbilical cord unless birth is imminent</li> <li>◆ Clinically significant abdominal pain inconsistent with normal labor</li> <li>◆ Seizure</li> <li>◆ Suspected chorioamnionitis</li> <li>◆ Prior c-section w/dilation progress &lt;1cm/3 hrs once labor is active</li> <li>◆ Undiagnosed multiple unless delivery is imminent</li> <li>◆ Fetal distress not immediately responsive to LDEM tx unless birth imminent</li> <li>◆ Moderate thick, or particulate meconium unless delivery is imminent</li> <li>◆ 3+ hrs of pushing unless delivery is imminent</li> <li>◆ Inappropriate fetal presentation as determined by the LDEM</li> <li>◆ Presentations incompatible with spontaneous vaginal delivery</li> <li>◆ Breech presentation unless delivery is imminent</li> </ul>	<p>I n t r a p a r t u m</p> <p>M l m m e o d i a t O e</p>
Postpartum			<ul style="list-style-type: none"> <li>◆ Infection unresponsive to LDEM treatment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Bladder dysfunction</li> <li>◆ Severe depression</li> </ul>	<ul style="list-style-type: none"> <li>◆ Retained placenta</li> </ul>	<ul style="list-style-type: none"> <li>◆ Uncontrolled hemorrhage</li> <li>◆ Maternal shock that is unresponsive to LDEM treatment</li> <li>◆ Severe psychiatric illness non-responsive to treatment</li> <li>◆ Signs of DVT or pulmonary embolism</li> </ul>	<p>P o s t p a r t u m</p> <p>A K p e p g r u o l p a r</p>
Newborn				<ul style="list-style-type: none"> <li>◆ Birth injury requiring ongoing care</li> <li>◆ Minor congenital anomaly</li> <li>◆ Jaundice beyond physiologic levels</li> <li>◆ Loss of 15% of birth weight</li> <li>◆ Inability to suck/feed</li> </ul>	<ul style="list-style-type: none"> <li>◆ Gest age assess &lt;36 wks</li> <li>◆ Major congenital anomaly not diagnosed prenatally</li> <li>◆ Persistent hyper-/hypothermia unresponsive to LDEM tx</li> </ul>	<ul style="list-style-type: none"> <li>◆ Non-transient respiratory distress</li> <li>◆ Non-transient pallor or central cyanosis</li> <li>◆ 10-minute Apgar &lt;6</li> <li>◆ Heart rate &lt;60bpm after 1 complete resuscitation cycle</li> <li>◆ Absent heart rate except w/confirmed fetal death/congenital anomalies incompatible w/life or shoulder dystocia causing death</li> <li>◆ Hemorrhage</li> <li>◆ Seizure</li> <li>◆ Persistent hypertonia/lethargy/flaccidity/irritability/jitteriness</li> <li>◆ Inability to urinate or pass meconium in first 48 hours of life</li> </ul>	<p>N e w b o r n</p> <p>A p p R e o g p u l i a r t e</p>