

Transfer Toolkit

Tools and resources to facilitate safe transfers from home or birth center to hospital

All tools available at MHP.utah.gov/UWNQC

Planned Out-of-Hospital Births in Utah, 2013-2015: A Descriptive Review

Utah Women and Newborns Quality Collaborative (UWNQC)
Out of Hospital Birth Subcommittee
March 2016

What is New in This Report?
This report is the second in a series of reports on planned out-of-hospital (OOH) births in Utah. This report reviews trends in OOH births and describes maternal and infant outcomes.

The initial report on Utah OOH births, 2010-2012 (<https://mhp.utah.gov/wp-content/uploads/2014/08/Planned-out-of-hospital-births-2010-2012-10-2014>), was published in 2014. A critical limitation of this report was the inability to identify births that began as a planned home birth but were transferred to a hospital for delivery. In response, Utah added two new fields to the Certificate of Live Birth in 2014. These two fields are a crucial first step to being able to quantify and describe planned home births that transferred to the hospital for delivery. The first field is "Was mother transferred to a hospital from an attempted planned home birth?" In this case, Utah birth certificates clearly show that in the second field to indicate if the transfer occurred "during labor", "postpartum (within 24 hours of delivery)" or "unknown".

This new report improves on the previous methodology by reporting outcomes of OOH births by planned, rather than actual, place of delivery. This avoids misclassification of intended birth setting and appropriately assigns adverse outcomes to intended location of delivery.

This report also includes newly available information on newborn hearing, critical congenital heart defects, and heel stick screening by delivery setting.

Aims of this review are:

- Describe OOH birth trends in Utah, differentiating home and birth center births, in order to inform health policy and administrative decisions.
- For women intending to deliver at home or in a birth center, report the rate of maternal and neonatal transfer to a hospital.
- Analyze maternal and neonatal outcomes by intended birth setting.
- Report rates of newborn screening by delivery setting.
- Highlight and publish the work of the UWNQC Out-of-Hospital Birth Subcommittee that includes representation from the Utah American College of Nurse-Midwives (ACNM), Utah Midwifery Organizations (UMO), the Utah American College of Obstetricians and Gynecologists (ACOG), administrators from participating hospital and birth center facilities, and the Utah Department of Health.

Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth

Mission Statement:
Women have the right to choose out-of-hospital birth at home or in a birth center. Regardless of our individual opinions regarding this choice, we must begin with the acknowledgment that some women will continue to choose out-of-hospital birth. An integrated, inter-professional maternity care system, that promotes safe and seamless transfer of care to the hospital, is recommended to optimize outcomes for mothers and their babies. The Utah Best Practice Guidelines were created in order to facilitate inter-professional collaboration, communication, and safe hospital transfer for mothers and their newborns.

"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

Purpose:

- Promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration and ongoing communication.
- Highlight core elements to be included when developing hospital and healthcare system documents and policies related to hospital transfer from out-of-hospital planned birth.

Development of the Utah Best Practice Guidelines:
The Best Practice Guidelines from the Home Birth Summit were developed by a multidisciplinary group of home and hospital-based providers and stakeholders who were delegates at the National Home Birth Consensus Summit in 2011 and 2013 (www.homebirthsummit.org). These national guidelines were used as a template for developing the Utah Best Practice Guidelines.

MIDWIVES

Providers of Maternity and Newborn Care

Midwives in Utah
Midwives attend approximately 9% of the total births in Utah - approximately 4,500 births annually

Types of Midwives

- Certified Nurse-Midwife (CNM)
- Certified Professional Midwife (CPM)
- Licensed Direct Entry Midwife (LDEM)
- Utilized Direct Entry Midwife (UDEM)

Midwife Statistics in Utah
Location of Midwife Attended Births

- Hospital
- Birth Center
- Planned Home

Similarities Among Midwives

- All have a master's degree
- Pass a national exam
- Obtain licensure
- Obtain certification
- Obtain certification
- Obtain certification
- Obtain certification
- Obtain certification
- Obtain certification
- Obtain certification
- Obtain certification

Differences Among Midwives

Certified Nurse-Midwife (CNM)	Certified Professional Midwife (CPM)	Licensed Direct Entry Midwife (LDEM)	Utilized Direct Entry Midwife (UDEM)
Education: Bachelor's in Nursing, Midwifery, or Health Services (MSN)	Education: Bachelor's in Nursing, Midwifery, or Health Services (MSN)	Education: Bachelor's in Nursing, Midwifery, or Health Services (MSN)	Education: Bachelor's in Nursing, Midwifery, or Health Services (MSN)
Practice: Hospital, Birth Center, Planned Home	Practice: Hospital, Birth Center, Planned Home	Practice: Hospital, Birth Center, Planned Home	Practice: Hospital, Birth Center, Planned Home
Scope: Full range of midwifery practice	Scope: Full range of midwifery practice	Scope: Full range of midwifery practice	Scope: Full range of midwifery practice
Regulation: State licensure	Regulation: State licensure	Regulation: State licensure	Regulation: State licensure

Planned Out-of-Hospital Births Report

Best Practice Guidelines

Educational Resources

MATERNAL TRANSFER TO HOSPITAL Provider-to-Provider Report

Place patient Medical Record Sticker here

Transfer from: *Birth Center/Home Birth*

Provider: _____
Patient Last Name: _____
Patient First Name: _____ DOB: _____
Transfer to: _____
Center Name: _____
Center Number: () _____
Fax: () _____

Hospital: Please read communication and discharge summary to the above "Transfer from" provider.

SITUATION: _____
EDD: _____ by LMP _____ or US @ _____ weeks
Field Number: _____
Previous Cesarean? *Y/N* # _____ Scar Type: *Z/CS/Other*
Previous Vaginal Birth? *Y/N* # _____ Previous VBAC? *Y/N* # _____
US @ _____ weeks Findings: *NM/Other* _____
Placenta: *Anterior/Posterior/Prefer/Low* _____
Previous History (Cesarean/Pregnancy/GB History/Medications/Surgery): _____
Med/Supplements/Allergies: _____

OBSTETRIC STATUS:
Gestational Weeks: *None/36W/37W/38W/39W/40W/41W/42W*
Diagnosis: _____
Fetal Status: *Low/Normal*
Biophysical Profile: *Y/N*
Apgar: *1/5* *2/5* *3/5*
Meconium: *None/Some/Concern*
Labor Status: *No Labor/Early/Active/2nd Stage*
Push: *Clear/Meconium/Blood*
Cervix: *Open/Not Open*
Dilatation: _____
Effacement: _____
Cervical Mucus: _____
Fetal Position: _____
Fetal Heart Rate: _____
Fetal Movement: _____
Fetal Tone: _____
Fetal Breathing: _____
Fetal Reflexes: _____
Fetal Response: _____
Fetal Heart Rate: _____
Fetal Movement: _____
Fetal Tone: _____
Fetal Breathing: _____
Fetal Reflexes: _____
Fetal Response: _____

LABOR AND DELIVERY:
ABO/Rh: _____
BBV: *Yes/No* _____
BPH: *Yes/No* _____
Ruptured Membranes: *Yes/No* _____
Fetal Position: _____
Fetal Heart Rate: _____
Fetal Movement: _____
Fetal Tone: _____
Fetal Breathing: _____
Fetal Reflexes: _____
Fetal Response: _____

POSTPARTUM:
Placenta: *Anterior/Posterior/Prefer/Low* _____
Uterus: _____
Vagina: _____
Perineum: _____
Breast: _____
Milk: _____
Pain: _____
Vital Signs: _____
Mental Status: _____
Mood: _____
Support: _____
Discharge: _____
Follow-up: _____

Midwives: Please email this form to: birthingtransfer@uwnqc.org
To submit feedback on this form or to comment on the transfer process, please visit: mhp.utah.gov/UWNQC or call 801-273-2856.

University of Utah Health Care | Planned Out of Hospital Birth Referral Guidelines

Referral	Midwifery	Midwifery	Midwifery	Midwifery	Midwifery	Midwifery
Who is the contact at the hospital for general inquiries?	Dr. Erin Clark, Office: 801-581-8425	Dr. Erin Clark, Office: 801-581-8425	Dr. Erin Clark, Office: 801-581-8425	Dr. Erin Clark, Office: 801-581-8425	Dr. Erin Clark, Office: 801-581-8425	Dr. Erin Clark, Office: 801-581-8425
Will the hospital accept transfer of care from the OOH provider?	YES	YES	YES	YES	YES	YES
What happens when the OOH provider calls?	University of Utah Transfer Center: 801-581-8900	University of Utah Transfer Center: 801-581-8900	University of Utah Transfer Center: 801-581-8900	University of Utah Transfer Center: 801-581-8900	University of Utah Transfer Center: 801-581-8900	University of Utah Transfer Center: 801-581-8900
When should the OOH provider call to report?	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call
Other information or instructions:	University of Utah Health Care	University of Utah Health Care	University of Utah Health Care	University of Utah Health Care	University of Utah Health Care	University of Utah Health Care
In addition to the OOH provider, how many people may accompany the patient?	NO	NO	NO	NO	NO	NO
Who should accompany the patient?	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	University of Utah Hospital Clinic 6 Pediatrics
Who should accompany the patient?	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	University of Utah Hospital Clinic 6 Pediatrics
Who should accompany the patient?	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	Accompanied by MFM physician	University of Utah Hospital Clinic 6 Pediatrics

Post-Transfer Communication:
We will use the UWNQC Maternal Transfer Form to send up-to-date and accurate contact information for the transferring midwife. Updates will be given to the patient during the hospital admission. The hospital provider will coordinate follow-up care prior to discharge. For all maternal admissions, relevant medical records including admission history and physical, delivery notes (if applicable), and discharge summary will be sent to the receiving provider in Utah (Utah).

Follow-up care: Following care will be coordinated prior to discharge. For all admitted patients, a discharge summary will be sent to the midwife identified on the UWNQC Maternal Transfer Form.

Feedback: Please email this form to: birthingtransfer@uwnqc.org
To submit feedback on this form or to comment on the transfer process, please visit: mhp.utah.gov/UWNQC or call 801-273-2856.

How to Share Your Birth Transfer Story

and help mothers and babies in Utah

If you have feedback about the transfer forms...
UWNQC would love to hear from you!

If you have feedback about the transfer process...
Transfer Feedback

It's simple, go to www.mhp.utah.gov/UWNQC and click on the Transfer Feedback button.

If you have additional feedback you'd like to give, you can provide your contact information and we will get in contact with you.

The purpose of this feedback is to improve the out-of-hospital to hospital transfer process.

THANK YOU!

Maternal and Neonatal Transfer Forms

Hospital Transfer Guidelines: How to get moms and babies safely to a hospital

Transfer Feedback Survey

Utah Women and Newborns Quality Collaborative (UWNQC) is a state-wide network of professionals, hospitals and clinics dedicated to improving the health outcomes for Utah women and babies using evidence-based practice guidelines and quality improvement processes.