

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

Second Edition, June 2020

### Mission

People have the right to choose an out-of-hospital birth experience, at home or in a birth center. Regardless of our individual opinions regarding this choice, we must acknowledge that some women will choose an out-of-hospital birth. An integrated, inter-professional maternity care system that promotes a safe and seamless transfer of care to a hospital, if and when this is needed, optimizes outcomes for these parents and their babies. The **Utah Best Practice Guidelines** 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

### How the Utah Best Practice Guidelines were developed

During the Home Birth Consensus Summits in 2011 and 2013, a multidisciplinary group of home and hospital-based providers and stakeholders developed national best practice guidelines ([www.homebirthsummit.org](http://www.homebirthsummit.org)). The Utah Women and Newborns Quality Collaborative (UWNQC) Out-of-Hospital Birth Committee\* adapted these national guidelines to create the **Utah Best Practice Guidelines**. The Utah Best Practice Guidelines take into account existing regional policies and experience of healthcare providers.

### Legal background

Utah Code 58-77-304 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.

*Every person seeking care during pregnancy has the right to competent and respectful medical care regardless of their planned birth setting or selected birth attendant.*



Midwives



Hospital Providers  
& Staff



Hospitals &  
Hospital Systems



Doulas

## Conventions

- We recognize not all providers of out-of-hospital birth services are midwives. We use the term “midwife” because the vast majority of providers of these services in Utah self-identify as midwives.
- We recognize midwives and doulas can self-identify as either gender or as non-binary. We use the terms “midwife” or “doula” and the pronouns “them,” “their,” and “they” to honor their self-identification.
- We recognize not all pregnant or postpartum patients identify as female. We use the terms “client,” “patient,” or “pregnant/postpartum/birthing person” and the pronouns “them,” “their,” and “they” to honor their self-identification.
- Most midwives prefer the term “client” to “patient.” Most hospital providers use the term “patient” not “client.” We refer to the birthing person 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.



## Model Practices for Midwives

### Before transfer

- **Document transfer policies and provide information prenatally to the client about hospital care and procedures** that may be necessary.
- **Document an agreed-upon transfer plan**, should the need arise.
- **Know the transfer hospital policies and preferences.** When possible, review during labor the current hospital-specific transfer guidelines posted on <https://mihp.utah.gov/uwnqc/out-of-hospital-births>.
- **Assess the client, fetus, and newborn throughout care** to determine if transfer is necessary.
- **Accurately document transfer details in the medical record**, including time of decision to transfer, rationale for transfer, time of transfer, the hospital to which client was sent, mode of transfer (via private vehicle or EMS), and main attending provider at the hospital.
- **Develop and maintain written policies which reflect the best practices** included in these guidelines.

### During transfer

- **Notify the receiving provider or labor and delivery charge nurse of the incoming transfer**, including the reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- **Accompany the client to the hospital** whenever possible, and if not possible, communicate this to the hospital team and provide a means to contact the midwife with any questions.
- **Continue to provide care in route**, when appropriate and if desired by the client, including coordinating with any emergency services personnel.



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- **Address the client’s psychosocial needs** during the change-of-birth setting
- **Introduce the birthing patient and their support team** to the receiving providers at the hospital.
- Upon arrival at the hospital, **provide a brief verbal SBAR report to the receiving medical providers** (both the nurse and the physician or nurse-midwife). “SBAR” stands for situation, background, assessment, and recommendations.
- **Use the UWNQC Maternal and Neonatal Transfer Forms** (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>) to facilitate communication. Fill out as much information as possible during labor, then add relevant information when a transfer is deemed necessary. If not possible prior to arrival, add transfer information after arrival at the hospital.
- **Retain a copy of the transfer forms** for your records.
- **Fully transfer clinical responsibility to the hospital team.** If you have hospital privileges, you may continue as a primary caregiver as appropriate to the situation and your scope of practice.
- **Help the client understand the hospital provider’s care plan**
- **Help the hospital team understand the patient’s need for information regarding their care options**
- **Encourage the doula to continue their support role.**
- **Remain at the hospital to provide support** if the client chooses.



Transfer  
Forms

#### After transfer

- **Coordinate follow-up care** for the client and newborn with the hospital team.
- **Request and participate in a debriefing with the hospital team** prior to discharge using the Three Question Debriefing form (<https://mihp.utah.gov/wp-content/uploads/Three-Questions-Debriefing-Form.pdf>).
- **Resume care upon discharge** if the client wants this.
- **Submit feedback via the UWNQC Transfer Feedback Survey** (<https://pubredcap.health.utah.gov/surveys/?s=9KRL44MWRM>). We welcome feedback on specific transfers, the Utah Best Practice Guidelines, and supporting materials, (transfer forms, hospital transfer guidelines/worksheet, and debriefing form).
- Ask for **feedback from the client** about their transfer and birth experience.
- **Speak respectfully** of the doula, the receiving provider, and the hospital staff. Discuss any issues directly with them, not with the client or the client’s support team.



Debrief  
Form



## Model practices for hospital providers and staff

### Before transfer

- **Know and follow your hospital transfer guidelines** as posted on the UWNQC website (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>). If your hospital does not have transfer guidelines, advocate for their creation.



Transfer  
Forms

### During transfer

- **Introduce the hospital care team** to the birthing patient and their family.
- **Provide an overview of hospital processes and expectations.**
- **Remind the birthing patient of their right to make informed choices.**
- **Respond sensitively to the patient's psychosocial needs** that may result from a change in the desired birth setting.
- **Communicate directly and respectfully with the midwife** to obtain clinical information in addition to any information provided by the patient.
- **Communicate directly and respectfully with the doula** to obtain emotional and physical support information in addition to any information provided by the patient.
- **Request UWNQC Maternal and/or Neonatal Transfer forms** (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>) from the midwife. If the midwife has none, print the forms and fill them out with the midwife.
- **Include completed UWNQC Maternal and Neonatal Transfer forms in the medical record** for birth certificate purposes, future reference, and to facilitate follow-up communication with the transferring midwife.
- **Share decision-making with the birthing patient and care team to create a consistent care plan** incorporating the values, beliefs, and preferences of the patient.
- **Welcome the midwife or doula to continue in the labor support role.**
- **Welcome the birthing patient's primary support person to be present during assessments and procedures**, if the patient chooses, including allowing him or her to be present in the operating room during a cesarean procedure.
- **Welcome the midwife and doula 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. Keep in mind, the patient considers **the midwife and doula as valued members of their care team.**
- **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.**
- **Provide lactation support** as part of maternal care, regardless of neonatal admission status.

## After transfer

- **Coordinate follow-up care for the postpartum patient and newborn with the midwife.** Care may be provided by the midwife upon discharge if the patient desires.
- **Debrief the case with the transferring midwife and hospital care team** prior to discharge using the Three Question Debriefing form (<https://mihp.utah.gov/wp-content/uploads/Three-Questions-Debriefing-Form.pdf>).
- **Send relevant medical records to the referring midwife** (including admission history and physical, delivery note, and discharge summary).
- Ask for **feedback from the doula, the patient, and the midwife** about the transfer and hospital experience and use their feedback to improve hospital processes, quality of care, and safety for patients.
- **Submit feedback via the UWNQC Transfer Feedback Survey** (<https://pubredcap.health.utah.gov/surveys/?s=9KRL44MWRM>). We welcome feedback on specific transfers, the Utah Best Practice Guidelines, and supporting materials (transfer forms, hospital transfer guidelines/worksheet, and debriefing form).
- **Speak respectfully of the midwife and doula. Discuss any issues directly with the midwife or doula,** not with the patient or the patient's support team.



Debrief  
Form



## Model practices for hospitals and hospital systems

### Before transfer

- **Review your hospital transfer guidelines** (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>). The transfer guidelines should outline the preferred maternal and neonatal transfer processes. Midwives, doulas, and patients should refer to the guidelines to make sure they follow the hospital provider's preferences. If your hospital does not have a published guideline, please help to create one by contacting [uwnqc@utah.gov](mailto:uwnqc@utah.gov)
- **Establish a UWNQC Transfer Toolkit** (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>) **Superuser** to assist others in using the toolkit.
- **Encourage providers and staff to use the UWNQC Maternal and Neonatal Transfer forms** (<https://mihp.utah.gov/uwnqc/out-of-hospital-births>) for all transfers.
- **Define the process for incorporating transfer forms into the hospital medical record.**
- **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 achieved out-of-hospital delivery.** These standard questions are recommended:
  - Was this an attempted planned home delivery that was transferred from home? Yes/No



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Transfer  
Forms

- Was the patient transferred from another healthcare facility or birth center?  
Yes/No If yes, specify the facility or birth center.

- **Establish processes for holding debriefing sessions** with the midwife, hospital care team, and doula prior to discharge. Use the Three Question Debriefing form (<https://mihp.utah.gov/wp-content/uploads/Three-Questions-Debriefing-Form.pdf>). Encourage hospital team members to follow these processes.
- **Establish processes for sending relevant medical records to the referring midwife** (including admission history and physical, delivery note, and discharge summary). Encourage hospital team members to follow these processes.
- **Develop and maintain written policies which reflect and endorse the best practices included in these guidelines.**

#### After transfer

- **Submit feedback via the UWNQC Transfer Feedback Survey** (<https://pubredcap.health.utah.gov/surveys/?s=9KRL44MWRM>). We welcome feedback regarding specific transfers, the Utah Best Practice Guidelines, and supporting materials (transfer forms, the hospital transfer guidelines/worksheet, and the debriefing form).
- **Regularly review transfers** using a process that includes referring midwives, doulas, and hospital team members.
- **Use transfer feedback and debrief sessions to improve the hospital transfer process.**



Model practices for doulas

#### Before transfer

- **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 midwife's or birth center's transfer policies and procedures.**
- **Offer to help the client write a transfer preferences plan**, and encourage them to discuss it with their midwife.
- **Guide the client to research and understand the care policies of the transfer hospital.**
- **Give copies of the birthing patient's transfer preferences plan** to the midwife and hospital teams and advocate for the patient if their preferences are being overlooked.

#### During transfer

- **Assist in emotionally and logistically preparing the client and their significant others for transfer.**
- **Respect the care providers' roles** and avoid discouraging or contradicting the midwife's advice when a transfer is recommended.



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- **Help the client understand the reason for the transfer to the hospital.**
- **Address the client’s psychosocial needs** during the change of birth setting
- **Introduce yourself to emergency services personnel.**
- **Continue to provide support in route** when appropriate and if desired by the client, in coordination with the midwife and emergency services personnel.
- **Introduce yourself to the hospital team** upon arrival at the hospital.
- **Help the client understand the hospital provider’s care plan and maintain the client’s role in the decision making process.**
- **Ensure the hospital team understands the client’s need for information and involvement** in the decision-making process regarding their care options.
- **Continue to provide emotional and physical support** to the client after arrival at the hospital if the client chooses, with any necessary adaptations supportive of medical care.
- **Confine your services to the scope of practice** defined by DONA International Standards of Practice or similar doula organizations standards of practice.
- **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.
- **Develop and maintain written policies and client/doula contracts which reflect and endorse the best practices included in these guidelines.**

#### After transfer

- **Debrief the case with the transferring midwife and hospital care team** prior to discharge using the Three Question Debriefing form (<https://mihp.utah.gov/wp-content/uploads/Three-Questions-Debriefing-Form.pdf>) to improve process and quality.
- **Follow up with the client before and after discharge** as described in the doula services agreement.
- Ask for **feedback from the client about the transfer and hospital experience** and their feedback to improve hospital processes, quality of care and safety for patients.
- **Speak respectfully of the midwife and the hospital providers and staff.** Discuss any issues with how the midwife or the receiving hospital provider managed care with the midwife or the hospital provider directly and not with the client or client's support team.
- **Submit feedback via the UWNQC Transfer Feedback Survey** (<https://pubredcap.health.utah.gov/surveys/?s=9KRL44MWRM>). We welcome feedback regarding specific transfers, the Utah Best Practice Guidelines, and supporting materials (transfer forms, the hospital transfer guidelines/worksheet, and the debriefing form).

## **\*Utah Women and Newborns Quality Collaborative (UWNQC) Out-of-Hospital Birth Committee**

The Utah Women and Newborns Quality Collaborative (UWNQC) is a statewide, multi-stakeholder network dedicated to improving perinatal health in Utah. The UWNQC Out-of-Hospital Birth Committee analyzes the current state of out-of-hospital births in Utah, identifies related maternal and neonatal safety issues, and works to address them.

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### **References**

1. Anderson, A., Baksh, L., Clark, E.A.S., et al, (2018). [Planned Out-of-Hospital Births in Utah, 2013-2015: A Descriptive Review.](#)

2. Home Birth Summit. (2013). Best Practice Guidelines: Transfer from Planned Home Birth to Hospital. Retrieved from: [Best Practice Guidelines: Transfer from Planned Home Birth to Hospital.](#)

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