



Indications for Physician Consultation or Referral

Midwives are specialists in the normal childbearing cycle. When serious problems arise, I will consult with the appropriate specialists, or if necessary I will refer you to a higher level of medical care, such as a physician. The following list describes problems that indicate the need for some level of medical involvement in your care during pregnancy, birth, or after delivery of your baby.

In order to minimize risks, many midwives will only accept women who are healthy from the beginning of their pregnancy and anticipate a low-risk delivery. I take a slightly different approach, in that I am willing to also provide midwifery-style prenatal care to moderate-risk mothers, with the understanding that they must diligently work with me to improve to a low-risk status by the third trimester of pregnancy in order to birth at home. Healthy mothers must also maintain the effort toward prevention of complications, especially with good nutrition. Early detection of problems helps to eliminate them before they become serious, so you will be working with me to identify and treat any unusual symptoms as quickly as possible, all through your care - including during labor.

If a serious problem arises during labor, and home is no longer the safest place for your delivery, transporting early to the hospital provides optimum outcomes for you and baby.
~LCarr

Generally ineligible for acceptance as home birth candidates:

- Chronic hypertension
- Heart disease/congenital heart defects
- Renal disease
- Severe psychiatric disorders
- Seizure disorders
- Alcohol or drug abuse
- Cigarette smoking > 1 pack/day
- Severe recurring migraines
- Diabetes
- Thyroid disease
- Chronic pulmonary disease (including TB and severe asthma)
- Bleeding disorders/hemolytic disease
- Severely under/over weight at onset of pregnancy
- Active gastrointestinal disease
- Active hepatitis
- Inadequate prenatal care
- Rh sensitization
- Current cancer
- Maternal age < 16
- Previous classical cesarean section/uterine surgery
- Major uterine myoma
- Collagen disease
- Congenital anomalies which may affect childbirth
- Sickle Cell Disease or other severe hemoglobinopathy
- Severe maternal malnutrition
- Inability of client and midwife to agree on plan of care
- Necessary support network for care of mother/infant not available or not functioning in a healthy manner

Antepartum indications for reassessment and consultation and/or transfer of care to a physician:

- Development of any of the conditions listed previously
- Pregnancy induced hypertension/pre-eclampsia
- Polyhydramnios or oligohydramnios
- Primary genital herpes
- Severe vaginal bleeding

- Hyperemesis gravidarum
- Ectopic or molar pregnancy
- Recurrent UTIs or acute pyelonephritis
- Documented IUGR/SGA baby
- Postdates (> 42 wks)
- Gestational diabetes
- Severe, intractable anemia (Hgb < 10; Hct < 30 at term)
- Persistent abnormal presentation or lie
- Abnormal fetal well-being indicators (FMC, NST, CST, BPP)
- Documented sign of fetal anomaly
- Thrombophlebitis
- ROM < 37 wks
- 1st trimester rubella or varicella infection
- Signs/symptoms/positive test for infection (GC, CT, syphilis, Hep B/C, parasites)
- Multiple gestation
- Persistent placenta previa
- Abnormal Pap smear
- Noncompliance with plan of care
- Positive Rh antibody screen in Rh negative woman
- Fetal demise in 2nd or 3rd trimester
- Development of any other severe obstetrical, medical and/or mental problems
- Client request

Intrapartum indications for physician consultation or hospital transfer:

- Development of any of the conditions listed above
- Persistent fetal distress
- Active genital herpes at onset of labor
- Thick meconium staining of amniotic fluid
- Labor prior to 37 weeks
- Cord prolapse
- Maternal fever (> 100.3 F)
- Abnormal labor pattern
- Prolonged ROM > 48 hrs without active labor, > 72 hrs without delivery

- Signs of maternal distress
- Signs/symptoms of pre-eclampsia or eclampsia
- Client request

Postpartum indications for physician consultation or hospital transfer:

- Unstable maternal vital signs
- Uncontrolled hemorrhage
- 3-4th degree perineal tears or cervical tears
- Retained placenta (> 3 hrs)
- Seizure
- Infection
- Intractable postpartum depression or psychosis
- Thrombophlebitis
- Uterine prolapse

Neonatal indications for hospital transfer or physician consultation:

- Apgar score < 7 at 5 min and not > 7 at 10 min
- Major congenital anomalies
- Cardiac abnormality
- Respiratory distress
- Persistent central cyanosis/pallor
- Temperature abnormality
- Low birth weight (< 5.5 lbs)
- Prematurity, dysmaturity
- Birth injury that requires medical attention
- Jaundice in the first 24 hrs or extreme jaundice after 24 hrs
- Loss of > 10% birth weight after birth
- No urination or stools in 24 hrs
- Signs/symptoms of hypoglycemia that doesn't improve with feeding
- Failure to thrive
- Seizures

By initialing the Informed Choice for this document, you are agreeing to the following:

I understand the above indications for consult or transfer of care from my midwife to the hospital and/or doctor.