

## INDICATIONS FOR PHYSICIAN CONSULTATION OR REFERRAL

Midwives are specialists in the normal childbearing cycle. When problems arise, midwives must consult with or refer the client's care to a physician. The following list describes problems which indicate the need for physician involvement in your care. Please do not hesitate to ask questions about this list.

**I. PRE-EXISTING CONDITIONS.** Women with the following conditions are not candidates for an out-of-hospital birth. Occasionally, we can provide prenatal care collaboratively with a physician.

1. Cardiovascular disease/hypertension
2. Hepatic Disease
3. Endocrine Disorders
4. Renal Disease
5. Significant Hematological Disorder
6. Neurological Disorders
7. Pulmonary Disease/ Active tuberculosis/uncontrolled asthma
8. Significant Hematological Disorders
9. Cancer
10. Current alcoholism or abuse
11. Current drug addiction or abuse
12. Current severe psychiatric illness
13. Isoimmunization
14. Collagen-Vascular Diseases
15. Previous c-section with classical incision
16. Other significant deviations from normal as assessed by the midwife

**II. PRENATAL CONDITIONS.** The following is a list of conditions that may develop during the pregnancy which necessitate consultation with and possible referral to a physician.

Clients with the following circumstances may be accepted for care when the clinical staff has reviewed the case and documented reasonable cause why this case does not constitute undue risk:

1. Onset of labor before the completion of the 36th menstrual week of pregnancy or after the completion of 42 weeks with clear dating information
2. Active genital herpes simplex virus (HSV) at the onset of labor or rupture of membranes
3. Presentation other than vertex at term
4. Multiple gestation;
5. Evidence of placental abruption or previa;
6. Gestational Diabetes Mellitus uncontrolled by diet
7. Fetal demise in the second or third trimester;
8. Incomplete or missed abortion;
9. Pregnancy induced hypertension (PIH) or any evidence of preeclampsia;
10. Severe anemia (Hgb less than 10) not corrected by diet or iron therapy;
11. Documented intrauterine growth retardation (IUGR);

12. Documented evidence of significant fetal anomaly;
13. Positive Rh antibody titer;
14. Parent(s) ill prepared for out-of-hospital birth as assessed by midwife;
15. Concern or request of client for physician consultation or referral.
16. Evidence of Abnormal amniotic fluid volume; Oligohydramnios or Polyhydramnios
17. Thrombophlebitis
18. Positive HIV antibody test
19. Inability of client and midwife to come to an agreement regarding plan of care
20. Other significant deviations from normal as assessed by the midwife

**III. INTRAPARTUM CONDITIONS.** The decision to transport you at any time during labor or postpartum will be based on any serious deviations from the normal course of events. While acknowledging that each woman's labor and birth is unique, certain guidelines are followed to maximize a safe labor and birth. The following conditions which could arise in labor will necessitate consultation with a physician and/or referral to a physician and hospital.

1. Maternal fever
2. Signs or symptoms of preeclampsia
3. Abnormal fetal presentation
4. Thick meconium stained fluid
5. Any signs of fetal distress
6. Abnormal labor pattern, without progressive change, over a reasonable amount of time in active labor
7. Abnormal bleeding
8. Client's desire for pain medication or for a hospital transfer.

**IV. POSTPARTUM/NEWBORN CONDITIONS.** The following conditions could arise in the first hours following the birth and will necessitate consultation with or referral to a physician and hospital.

1. Significant postpartum hemorrhage with mother's vital signs unstable.
2. Retained placenta
3. Third or fourth degree laceration
4. An infant with:
  - a) respiratory distress
  - b) cardiac irregularities
  - c) weight less than 2500 grams (5.5 pounds)
  - d) Apgar score less than 7 at five minutes of age
  - e) congenital anomalies
  - f) prematurity
  - g) significant increase in temperature
  - h) any problem requiring hospital care as assessed by the midwife