



**Ontario
Medical
Association**



**Association
of Ontario
Midwives**

Guidelines for Maternal/Neonate Transfers **From Home to Hospital**

Obstetricians and midwives representing the Ontario Medical Association and the Association of Ontario Midwives have established a working group to assist registered midwives and obstetricians in creating guidelines for the transfer of women and their newborns from planned home births to hospital. The goal should be to establish, a high standard of inter-professional communication and collaboration in providing optimum patient care and mutually respectful inter-professional relationships.

While all women in labour are a high priority, most transports into hospital from home are not emergencies. However, recognizing that home births may on occasion require emergency transfer to hospital, protocols for clear communication are necessary for optimal response. Clear lines of communication facilitate adequate preparation of hospital facilities, resources and personnel in order to enable a smooth organized and safe transfer of the labouring or postpartum woman or newborn.

We have identified seven areas for physicians and midwives to consider when developing their joint protocols for transfer from the home setting.

1. Physicians and midwives should reach joint agreement together about the process for consultation and transfer of care specific to each community.
2. Charting for all births should be standardized within the community. The use of a common partogram is recommended. Midwives and physicians should identify key elements of information that will be needed by hospital staff when a transfer occurs. In the event of a transfer from home, this documentation and the partogram should accompany the woman.

3. Midwives and physicians should develop protocols regarding who in the hospital receives calls from midwives transporting women in labour, postpartum women or their newborn. Protocols should also include how the communication is documented, what information is to be gathered and who is to be notified.
4. Pathways of appropriate communication should be identified to allow the midwife to communicate immediately with the hospital, and communicate directly with the pediatrician, obstetrician, and/or family physician to whom they are referring the client to enable discussion about the appropriate course of action and resource allocation.
5. Physicians, midwives and nurses should review their respective Colleges' documentation policies to ensure appropriate charting practices. Charting should include discussions with patients or other health care providers, requests for consultations or transfers of care, management plans, as well as any change to the most responsible clinician on a particular case.
6. Cases where transfer of care from home to hospital result in morbidity or mortality should be reviewed by the appropriate hospital committee according to best practice and the appropriate hospitals Quality Assurance Program. Such review should result in identification of any contributing systemic problems and appropriate changes should be implemented.
7. Multidisciplinary educational rounds should periodically review cases where a transfer from home was performed in a manner that was consistent with good communications and optimal patient care. Review of transfers to hospital should be included in quality assurance discussions within the hospital.

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