



CLINICAL PRACTICE GUIDELINE

Transfer from home to Hospital (VMS / MGP / CMP) [NEW 2018]

This document should be read in conjunction with the [Disclaimer](#)

Aim

The provision of safe, timely and appropriate transportation for women and / or the neonate from the home into hospital. This may occur during the antenatal, intrapartum or post-natal period.

Procedure

Discussion with the woman and her support person(s) should occur prior to the decision being made about transfer into hospital. Clear, concise information and reasons for the transfer should be given.

Inform the receiving hospital via the appropriate senior obstetric/ medical / paediatric staff of the need for/or intent to transfer the woman from home to hospital, prior to transfer and give an estimated time of arrival.

Transport arrangements, appropriate to the level of assessed risk, need to be organised as follows:

Urgent ambulance assistance

Dial '000' - Request a paramedic if possible

- If you do not have coverage on your mobile phone, try '112' or use the woman's home phone.
- Have the woman's medical record / documents (for VMS this includes clinical pathway / CHN summary) with you whilst talking on the phone.
- Identify yourself as a midwife, working with the Visiting Midwifery Service (VMS), Midwifery Group Practice (MGP) or Community Midwifery Program (CMP) at King Edward Memorial Hospital.
- Provide the operator with all requested information, in a calm and clear manner.
- Prepare the mother and /or neonate for departure from the home.
- Ensure you are wearing your ID name badge so that paramedics can easily identify you as a health care provider.
- Document time of call and ensure all events leading up to the decision to transfer have been documented clearly.

- Ensure the front door is unlocked so that paramedics may enter the house.
- Turn on front house lights if it is dark and if appropriate have someone wait outside for the ambulance.
- Provide a clear, concise handover to paramedics immediately upon their arrival and document time.
- In order to provide ongoing care the CMP midwife will travel in the ambulance with clients transferring from the home to hospital in labour. The CMP midwife will wear the CMP shirt to aid in identification. In the circumstance where the neonate requires resuscitation VMS/MGP/CMP midwives are to provide ongoing care and liaise with the paramedics as to the ongoing plan of care.
- A support person may accompany the woman in the ambulance at the discretion of the paramedics.
- Notify the receiving hospital that the woman is in the ambulance and provide an expected time of arrival.
- Ensure the relevant VMS to Emergency Centre (EC) referral document is completed (MR 026). Give this form to the support person to hand over to EC staff on arrival. CMP midwives are to complete MR08D (Intrapartum transfer) or MR08E (Post birth transfer) and ensure all relevant paper work including the National Pregnancy Health Record (NPHR) is brought to the hospital. Antenatal transfers are to have handover of care documented in the NPHR.
- On arrival at hospital it is the responsibility of the CMP midwife to provide a thorough verbal and written clinical handover (forms as above). The Clinical Handover document is to be photocopied and retained for the CMP Midwifery records; the original is to be retained by the receiving hospital for their medical records. Ensure that photocopies of the client's notes are taken and available for the supporting hospital; do not leave original documents with the supporting hospital.
- Inform the VMS shift coordinator/CMP CMS/MM office hours or A/H Hospital Clinical Manager of events.
- Within 48 hours complete a CIMS form if required outlining the events and need for transfer.

Non- urgent ambulance assistance

Dial '131 233'

- Obtain verbal consent from the woman prior to calling for an ambulance. Not all women have ambulance cover.
- Proceed as per urgent ambulance assistance
- VMS/MGP/CMP will not be expected to travel in the ambulance to the hospital however CMP midwives may do so if they need to provide ongoing care.

Private vehicle transfer

There may be situations either in the antenatal, intrapartum or postnatal periods where the clinical situation does not warrant the use of ambulance services. The decision for the mode of transport must be made with regard to the clinical status of the woman/neonate. CMP clients with a cervical dilation of 7cm or above must be transferred via ambulance.

- Advise the receiving hospital of the woman's details and estimated time of arrival.
- Ensure the relevant VMS to Emergency Centre referral document is completed (MR 026). Give this form to the support person to hand over to EC staff on arrival. CMP midwives are to complete MR08D (Intrapartum transfer) or MR08E (Post birth transfer) and ensure all relevant paper work including the National Pregnancy Health Record (NPHR) is brought to the hospital. Antenatal transfers are to have handover of care documented in the NPHR.
- Ensure all documentation is complete.
- At no time is the woman to drive herself or the neonate to the hospital. Ensure there is an adult to drive and accompany the woman into the hospital.
- The midwife must not transfer the woman in their own car.
- Inform the VMS shift coordinator/CMP CMS/MM or CMP shift co-ordinator of the transfer into hospital.

Refusal / decline of medical advice to transfer to hospital

- This decision must be clearly documented in the pregnancy record or clinical pathways.
- Senior obstetric / medical / paediatric staff must be informed.
- Inform the VMS shift coordinator and / or Hospital Clinical Manager of events.
- Arrange appropriate follow up care with VMS, Emergency Centre or the GP
- Within 48 hours complete a CIMS form outlining the events and refusal for transfer.
- CMP midwives must refer to CMP guideline 'Midwifery care when a client makes a decision that is incompatible with the CMP midwifery standards of practice'

References and resources

St John's Ambulance – www.ambulance.net.au/content

Department of Health, Western Australia. Home Birth Policy and Guidance for Health Professionals, Health Services and Consumers, Perth, Health Networks Branch, Department of Health, Western Australia; 2013.






ACM National Midwifery Guidelines for Consultation and Referral 2013

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

- CMP: [Care when a Client Makes a Decision that is Incompatible with the CMP Midwifery Standard of Care](#)
- O&G: Patient Movement; Referrals

[Patient Flow and Bed Management Unit](#) Healthpoint site [Intranet access]

Keywords:	Transfer from Home to Hospital, visiting midwifery, VMS, MGP, CMP, community midwifery, patient movement, patient transfer, transfer to hospital, refusing transfer, own car for transfer, urgent ambulance, non urgent ambulance		
Document owner:	Obstetrics Gynaecology and Imaging Directorate (OGID)		
Author / Reviewer:	VMS		
Date first issued:	March 2018		
Last reviewed:	N/A	Next review date:	March 2021
Endorsed by:	MSMSC	Date:	06/03/2018
Standards Applicable:	NSQHS Standards: 1  Governance, 2  Consumers,  Patient ID/Procedure 6  Clinical Handover, 9  Clinical Deterioration		

**Printed or personally saved electronic copies of this document are considered uncontrolled.
Access the current version from the WNHS website.**