



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Outpatient transfer from home to hospital (under VMS / MGP / CMP care)

(previously called 'Transfer from Home to Hospital (VMS / MGP / CMP)')

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program (CMP) and Midwifery Group Practice)

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

Note: CMP staff compliance is mandatory, per [MP 0141/20 Public Home Birth Policy](#)

Aim

Outline the processes and systems in place to assist staff with recognising and responding to clinical deterioration in an outpatient setting. WNHS aims to enhance maternal and neonatal outcomes through **improved recognition of abnormal vital signs** associated with a potential for clinical deterioration. This will ensure the provision of safe, timely and appropriate transportation of women and/or neonate/s from home to hospital.

Recording vital signs and recognising deterioration

Per WNHS Policy '[Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#)', observations should be documented on one of the below WNHS endorsed observation and response charts as appropriate:

- Antenatal Observation and Response Chart (MR285) – for all antenatal women greater than 20 weeks gestation
- Postnatal Observation and Response Chart (MR284) – for all postpartum women up to 42 days
- Newborn Observation and Response Chart (MR426)

Parental concerns

Parents are the most consistent caregivers in the neonates' life. Parental concerns regarding the clinical condition of their child must be taken into consideration when reviewing observations and behaviours.



How to recognise and respond to a deteriorating outpatient

Clinicians should use the below tables to identify clinical deterioration and obtain the appropriate action or review from senior staff. If you or a family member have clinical concerns, do not hesitate to act. (Source: Child and Adolescent Health Service, RRAD Guideline, 2021)

Increased Surveillance

Response Criteria

- Changing observations
- **You (or a family member / carer) are worried**

Actions Required

- Inform Shift Coordinator
- Carry out appropriate interventions as prescribed
- Manage fever, pain, fluids, blood loss or distress

Shift Coordinator Review

Response Criteria

- Any observations in the orange area (within the relevant Observation and Response Chart)
- **You (or a family member / carer) are worried**

Actions Required

- Recommend non-urgent transfer to hospital (Emergency Centre [postnate/neonate] or Maternal Fetal Assessment Unit [antenate])
- During business hours, contact Shift Coordinator or Clinical Midwife Specialist / Manager (specialty depending)
- Out of hours, contact KEMH HCM on (08) 6458 1556 or 0414 930 196
- Consider calling non-emergency ambulance assistance telephone (08) 9334 1234

Medical Review

Response Criteria

- Any observations in the red area (within the relevant Observation and Response Chart)
- **You (or a family member / carer) are worried**

Actions Required

- Recommend transfer into hospital (Emergency Centre [postnate/neonate] or Maternal Fetal Assessment Unit [antenate])
- Contact KEMH HCM on (08) 6458 1556 or 0414 930 196
- Consider calling non-emergency ambulance assistance telephone (08) 9334 1234

Code Blue Medical Emergency**Response Criteria**

- Any observations in the purple area (within the relevant Observation and Response Chart)
- **You (or a family member / carer) think the neonate needs immediate review but they do not meet the above criteria**

Actions Required

- **Immediately call '000' requesting Priority 1 Ambulance.**
Note: If there is no mobile coverage, dial '112' or use landline (if available)
- Initiate ALS / BLS / neonatal resuscitation as required
- Contact KEMH HCM on (08) 6458 1556 or 0414 930 196
- Contact KEMH switchboard on (08) 6458 2222 and request the on service Neonatologist rostered for SCN2
- Midwife to remain in the woman's home until arrival of ambulance

Transferring from home to hospital

Where transfer is required, the following should occur:

- Discussion with the woman / support person the reason for recommending transfer.
- Activate the appropriate response, per the above level of identified risk.
- 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 personal / fleet vehicle.

Clinical handover

When contacting the supporting hospital / ambulance service, all clinicians should:

- Provide a handover of the deteriorating patient using **i S o B A R** to assist the communication process when accountability and responsibility for patient care is transferred.
 - **I**dentify.
 - **S**ituation.
 - **O**bservations.
 - **B**ackground.
 - **A**gree on a plan.
 - **R**ead back.
- Identify themselves and their work area (VMS / MGP / CMP)

- Ensure the woman has all relevant medical records in their possession (postnatal / neonatal pathway, observation and response chart), to accompany transfer
 - Postnatal/neonatal transfers to KEMH – complete 'Visiting Midwifery Service Emergency Centre Referral' MR026 form
- Document details of call to supporting hospital and/or ambulance including: time of call, recommendations, and events leading up to the decision to transfer

Priority 1 ambulance

Where the patients observations meet **Code Blue Medical Emergency criteria:**

- Ensure the front door is unlocked so that paramedics may enter the house.
- Ask for lights out front of the woman's house to be turned on (if nighttime) and where appropriate, have someone wait outside for the ambulance.
- Provide a clear, concise handover to paramedics upon arrival.
- Document time of paramedic arrival.
- Ensure you are wearing your approved staff identification badge and uniform.
- Where ongoing intrapartum care is required, the midwife will travel in the ambulance with woman/neonate. Labouring women ≥ 7 cm dilatation must be transferred via ambulance and be accompanied by a CMP midwife.
- 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.
- The decision for support people to accompany the woman/neonate during transfer will be made by the attending paramedic.
- Paramedics will determine in collaboration with the attending midwife, the most appropriate hospital to transfer the woman/neonate to.
- Where the receiving hospital is not the midwives usual place of employment, the midwife will ensure KEMH/OPH is aware of the evolving situation:
 - During hours: VMS shift coordinator or Clinical Midwife Manager (CMP / MGP)
 - After hours: Hospital Clinical Manager
- On arrival to hospital, it is the responsibility of the midwife to provide a thorough verbal and written clinical handover.
 - 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: documentation is to be photocopied and provided to the receiving hospital. Original CMP documentation will be retained by the CMP midwife.
- Consider completing a Clinical Incident form within 48 hours, where appropriate.

Non- urgent ambulance

- Obtain verbal consent from the woman prior to calling for an ambulance. The woman will incur the full cost of an ambulance transfer; not all clients have private ambulance cover.
- Contact St John Ambulance non-emergency ambulance assistance telephone (08) 9334 1234
- VMS / MGP / CMP are not required to accompany the woman/neonate in the ambulance but may choose to do so if ongoing midwifery care is required.
- Advise the receiving hospital of the patients details and their estimated time of arrival.

Private vehicle

There may be situations where the clinical situation does **not** warrant the use of an ambulance. The decision for the mode of transport must be made in respect of the woman/neonates clinical status.

- Advise the receiving hospital of the patients details and their estimated time of arrival.

Documentation

The following documentation must be completed and available for the receiving hospital:

- Antenatal
 - Antenatal Observation and Response Chart (MR285)
- Intrapartum **CMP only**
 - MR08D (Intrapartum transfer)
- Postnatal / neonatal
 - Ensure the relevant VMS to Emergency Centre referral document is completed (MR 026).
 - MR08E (Post birth transfer) **CMP only**

Where the midwife is not accompanying the woman / neonate, the above forms must be completed and provided to the support person to take with them to 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 GP.
- Within 48 hours complete a Clinical Incident report outlining the events and clients 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, Western Australia – www.stjohnwa.com.au
- Child and Adolescent Health Service, Neonatology. [Recognising and Responding to Clinical Deterioration Guideline](#) (2021).
- Department of Health, Western Australia. [Public Home Birth Policy](#) (2020).
- [ACM National Midwifery Guidelines for Consultation and Referral](#) (2021).









Related policies

Department of Health, Western Australia:

- **Mandatory Policy:** [MP 0141/20 Public Home Birth Policy](#) (Amend 12/4/2024)
- **Standard:** [Public Home Birth Standard](#) (April 2024)

Related WNHS procedures and guidelines

- **Obstetrics and Gynaecology Clinical Guideline:** [Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner](#)
- **WNHS Policy:** [Discharge of Patient](#) [WA Health staff access through HealthPoint]
- [Patient Flow and Bed Management Unit](#) HealthPoint site [WA Health staff access through HealthPoint]

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Version History

Version number	Date	Summary
1	Mar 2018	First version. Note- Incorporated prior version of CMP guideline 'CMP Transfer from Home to Hospital'
2	Mar 2025	<ul style="list-style-type: none"> • Major content update and streamline, new layout- Read guideline • Change of Guideline title from “Transfer from home to Hospital (VMS / MGP / CMP)” to “Outpatient Transfer from home to Hospital (VMS / MGP / CMP)” • In a Code Blue medical emergency status, feedback from a Midwifery Group Practice community based PN CIMS, advice provided to contact KEMH switchboard on (08) 6458 2222 and request the on-service Neonatologist rostered for SCN2

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