

**BIRTHING CENTERS HIGH RISK FACTORS
ADMISSION - TABLE I**

ABSOLUTE RISK FACTORS - If present at the time of admission to the birthing center, the following conditions would necessitate transfer of the client to a higher level of care:

Current substance abuse which has the potential to adversely affect labor and/or the infant

Quadriplegia

Hypertension >150/100 on at least two occasions

For this pregnancy, Type I Diabetes, other diabetes requiring insulin to maintain acceptable control, or Type II Diabetes

Thrombosis, active/current

Severe anemia, <9 hemoglobin

Uncontrolled seizure disorder

Life-threatening congenital defects in fetus. This does not include documented lethal anomalies

History of previous uterine wall surgery, including Caesarean section, if one or more of the following risk factors is present:

- Conception occurred < 12 months following that surgery or uterine procedure;
- Absence of ultrasound to rule out placenta previa and/or placental attachment to the surgical site;
- History of two or more Caesarean sections without a prior successful vaginal delivery;
- History of myomectomy which invaded the endometrium;
- History of a known uterine perforation;
- History of Caesarean section which included classical incision;
- History of Caesarean section and complications including postoperative infection, diabetes, or steroid use;
- Absence of signed, detailed informed consent

NOTE: Any woman with previous uterine wall surgery must be evaluated for the presence of risk factors, and must go through a thorough informed consent process. The information given to the woman must include an explanation of the risk, including non-absolute risks, of a vaginal birth after Caesarean section, and an explanation of the contingency plan in place should transport be necessary. If transport becomes necessary, the birthing center should notify the receiving facility when the transport is imminent.

Need for Caesarean delivery this birth

Multiple gestation

Intrauterine growth restriction without reassuring bio-physical profile of greater than or equal to 8 out of 10

No previous prenatal care or written prenatal records available

Abnormal fetal surveillance studies

Fetal presentation other than vertex, when known

Rising antibody titre - types known to affect fetal well-being; significant Rh sensitization

Amniotic fluid index >30 at term

Amniotic fluid index <5 without reassuring labor progress, without reassuring fetal heart tones and/or abnormal non-stress test

Abnormal bleeding

Need for chemical and/or pharmacological induction of labor

Need for general or conduction anesthesia

Eclampsia; preeclampsia with lab abnormalities

Low-lying placenta within 2 cm. or less of cervical os; vasa previa; complete placenta previa; abruptio placenta

Genital herpes, primary; secondary uncoverable at onset of labor

Labor or premature rupture of membranes at <36 weeks; pregnancy >43 weeks or >42 weeks with abnormal non-stress test

Chorioamnionitis

Thick meconium-stained amniotic fluid without reassuring Doppler heart tones

Known pre-term fetal demise

**BIRTHING CENTERS - HIGH RISK FACTORS
INTRAPARTUM - TABLE II**

ABSOLUTE RISK FACTORS - If any of the following conditions develop during labor and delivery, the client shall be transferred to a higher level of care.
Presence or development of Table I (Admission) risk factors
Failure to progress in active labor with strong contractions and/or maternal/fetal compromise
Abnormal fetal heart tone (FHT) pattern unresponsive to treatment; inability to auscultate fetal heart tones unless birth is imminent
Thick meconium-stained amniotic fluid without reassuring Doppler heart tones and birth is not imminent
Hypertension >150/100 on at least two occasions
Abnormal bleeding
Prolapsed umbilical cord
Fetal presentation other than vertex, when known, and birth is not imminent
Multiple gestation when birth is not imminent
Amniotic fluid index <5 without reassuring labor progress or without reassuring fetal heart tones or abnormal non-stress test
Persistent fever of equal to or greater than 101 degrees Fahrenheit (oral) or indication of serious infection with the potential to harm the mother or the fetus
Development of severe medical or surgical problem

BIRTHING CENTERS HIGH RISK FACTORS

TABLE III - POSTPARTUM

MOTHER

ABSOLUTE RISK FACTORS - If the mother develops any of the following during in the postpartum period, the mother shall be transferred to a higher level of care:

Abnormal bleeding unresponsive to treatment and/or symptoms of hypovolemia

Need for transfusion

Retained placenta or incomplete placenta, with bleeding; suspected placenta accreta; retained placenta >3 hours

OTHER: Hypertension >150/100 on at least two occasions; shock, unresponsive to treatment; laceration requiring repair in a hospital; enlarging hematoma; development of preeclampsia or eclampsia; signs of serious infection.

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TABLE III - POSTPARTUM

INFANT

ABSOLUTE RISK FACTORS - If the infant develops any of the following during the postpartum period, the infant shall be transferred to a higher level of care:
Apgar problems <5 at 5 minutes or <7 at 10 minutes
Inability to maintain axillary temperature between 97 degrees Fahrenheit and 100 degrees Fahrenheit at 2 hours
Hypotonia > 10 minutes
Tremors, seizures, or hyperirritability
Life-threatening congenital defects in fetus. This does not include documented lethal abnormalities ¹
Respiratory or cardiac irregularities (examples: abnormal capillary refill time, disturbance of rate or rhythm; grunting or retracting after 30 minutes postpartum, need for oxygen > 30 minutes without improvement; cyanosis, central and persistent)
Signs/symptoms of infection

¹ In the presence of known and documented lethal fetal abnormalities, the denial of admission and the requirements to transfer do not apply