Midwifery Council of New Brunswick

Conseil de l'Ordre des sages-femmes du Nouveau-Brunswick

Guidelines: Emergency Transport to Hospital from a Planned Home Birth

A comprehensive guide or protocol for any possible emergency situation falls outside the scope of this document. Rather, this document is intended to be a statement to assist midwives, and health care workers collaborating with midwives, to create safe and efficient transport procedures from a planned home birth, when necessary. It does not fall under the mandate of the Midwifery Council of New Brunswick to dictate specific hospital or ambulance New Brunswick policies or procedures.

To ensure a safe and smooth transport from a planned home birth to hospital, the Midwifery Council of New Brunswick recommends each registered midwife to have transfer to hospital arrangements in place for planned home births in the community.

The most common reason for transferring to hospital is for augmentation of labour in nulliparous women. In this and other non-emergency situations, transport to hospital may take place by car. Transport to hospital by ambulance occurs in a very small percentage of those who transfer in labour. This is usually to provide stabilization, or care, en route (e.g. woman is in second stage, retained placenta, or management of postpartum haemorrahage).

Transport plans and procedures for emergency transfers from home to hospital should be consistent across the province. The procedures should outline the information that needs to be communicated over the telephone and clearly delineate the roles and responsibilities of midwives and Ambulance New Brunswick (ANB) personnel once an ambulance arrives at the home setting.

In an emergency transport, the receptivity of personnel and level of participation at the hospital are key factors in ensuring that clients have timely and appropriate access to care. An effective response when an emergency occurs is achieved through teamwork, clear organization of responsibilities, and the coordinated efforts of all health care professionals involved.

Transport procedures which identify the personnel responsible for receiving emergency transport calls from midwives and for initiating emergency measures in an appropriate and timely manner, should be established with the participation of appropriate hospital personnel, as designated by the hospital (for example, administration, midwifery integration committee, nursing, family medicine, obstetrics and neonatology), as well as ANB services.

A transport plan is highly recommended for any and every hospital at which a midwife holds privileges and/or to which a midwife would transport a client in the event of an emergency.

Planning for Transport should include the following:

Responsibilities of midwife for all planned home births:

- Forward copies of antenatal records for home birth clients to the Birthing Unit at 24 and 36 weeks gestation,
- Ensure client has "In Case of Emergency Form" posted in a visible and accessible place,
- Notify the Resource/Charge nurse of the Birthing Unit when the woman is in active labour.

Responsibilities of midwife when an emergency transport is required:

- Call 911 and give clear clinical information with the request for transport to hospital (the midwife may direct another person to place the 911 call),
- Initiate the necessary emergency measures in the home setting,
- Notify the hospital (midwife or paramedic) at the earliest opportunity to inform the designated personnel that a transport is underway. Communicate the presenting issue, urgency of the situation and request for specialist on-call (Obstetrician, Pediatrician, Neonatologist) to meet upon arrival and/or connect by phone during transport.
- Remain the primary care provider throughout the transfer if and until care is transferred to a physician in a specialist role,
- Continue to provide emergency care as required during transport by ambulance and in hospital until physician assumes care,
- To bring intrapartum documentation to the hospital to inform consultation discussions and the admission summary note to be placed in the hospital chart,
- Continue in supportive care role, primary care role or collaborative role as relevant to the clinical scenario.