



# Laboring at Home: Reasons to Transfer into Hospital

*Whether you are planning a home or hospital birth, unless you plan on going to the hospital with the first contraction, this handout is for you.*

Parents planning to either birth at home, or experience the majority of their labors at home, often inquire about the situations in which we would recommend transport to hospital. We monitor you and your baby carefully during labour and postpartum, and aim to act on concerns before a serious problem arises. While transport to hospital may in some cases be recommended, both experience and research tell us that when midwives transport a client to the hospital it is usually for a **non-emergent** indication.

Described below are the most common reasons for hospital transfer, listed loosely in order from most to least common. We recognize that it can be frightening to think about what could go wrong, so while reading, try to remember that the incidence of most of these complications is quite low. Fortunately, a vast majority of the time the birth process remains normal for healthy women. Please speak to your midwife if you have any questions.

## **NON EMERGENT TRANSPORTS (usually by personal car)**

### **Slow or no progress in labour**

*This is the number one reason for transport to hospital*

#### **Early labour (<4cm dilation)**

Duration of early labour varies---there is no "time limit". There are many strategies for coping with a long early labour. Rarely, this includes using medications to help mom to get rest. These must be prescribed and administered in hospital, but mom can return home afterwards.

#### **Active labour (First stage: dilation from 4-10 cm)**

While every woman's rate of progress through labour will be different, generally we need to see advancement in terms of dilation and/or descent of the fetal head through the pelvis. Midwives and doulas have many tools to assist labour to progress, but if progress is stalled, almost always transport to the hospital is indicated--- as are the options of medications for pain management, rest and/or labour stimulation and possibly physician consultation. In cases of prolonged labour, there may be a small associated increase in risk to mom and baby, and increased monitoring in the hospital may be appropriate.

#### **Pushing (Second stage)**

Ninety percent of babies are born within three hours of active pushing. For some women, second stage is prolonged, or progress may be arrested. In these cases, increased monitoring, physician consult and other interventions available at the hospital may be indicated.

### **Meconium**

*This is the second most common reason to transport to hospital*

This reason for transport is that meconium is found in the amniotic fluid. This means that the baby has had a bowel movement before or during labour, and it may be a sign that the baby possibly is, or has been, stressed. Or it may also indicate that the baby has a mature gut which already started working. In any case, if the baby inhales the meconium



with its first breath, then it may make it difficult to fully inflate its lungs. The risk of this happening increases according to the amount of meconium in the fluid. A midwife may recommend transport if meconium is present, to have access to specialized pediatric care, depending on the amount of meconium and other factors. If the birth is too imminent for safe transport, then the baby's mouth and nose are suctioned at birth before the baby takes its first breath.

#### **Baby heart rate concerns**

We monitor the baby's heart rate at home in the same way as we do in the hospital for normal birth. If there is an occasional non-reassuring heart rate which could potentially indicate future problems, we may recommend transport in order to have access to increased monitoring and interventions if they become necessary. We usually transfer by private car, unless the birth is imminent, at which point we would either expedite the birth or transport by ambulance.

#### **Maternal vitals**

##### ***Blood pressure***

High blood pressure (>140/90 on more than one occasion) is associated with an increased risk for mom and baby, and transport to the hospital allows access to lab work, physician consultation and medications if necessary.

##### ***Temperature***

Fever (>38C or 100F) is a sign of infection, and hospital transport allows access to medications to combat infection (antibiotics) and specialized pediatric care for an ill newborn.

#### **Pain medications**

It is exceptionally rare for moms to request pain meds unless they are experiencing either an unusually long and non-progressive labour, or if they are having an exceptionally rapid birth. In the first case, usually by the time mom wants pain meds the midwife has tried every other trick she has to help labour progress. In these cases, pain meds are actually a recommended option, usually in combination with oxytocin augmentation. Obviously these are only available in hospital.

In the second case, usually the birth is too imminent for transport, much less pain medications, and the best strategy is to reassure mom that it will be over with momentarily, while quickly getting ready for the birth.

#### **Mother's instinct**

We have a high respect for maternal instinct. Any time mom decides she wants to go to the hospital, we go. The exception is if the birth is so imminent that it is unsafe to do so.

#### **Third or fourth degree tears**

These large vaginal tears are rare. Since their management requires special instruments and clinicians experienced in advanced repair, transport to hospital and physician consultation would be indicated.

#### **Previously undetected breech presentation (baby is coming bottom first)**

All midwives are trained in how to deliver breech babies, but most obstetricians have more experience with this. There are associated risks to a baby born in this position, and if there is time we transport to hospital for the birth to have access to specialized obstetric and pediatric care.



## EMERGENT TRANSPORTS by ambulance

### Hemorrhage (excessive bleeding)

#### ***During labour***

The occasional woman has a cervix that bleeds heavily during labour as part of the normal dilation process. Almost all women have bleeding in the last few centimetres of dilation. But if the amount of bleeding seems abnormally large or sudden, this could indicate placental abruption (placenta coming away from the uterine wall), and due to potential risks to mom and baby, transport to hospital would be advised.

#### ***After birth***

Most postpartum hemorrhages can be managed at home with good outcomes, as we carry a number of anti-hemorrhagic medications including IV fluids. Serious blood loss, although rare, requires transport by ambulance to hospital, allowing increased access to obstetric support and maternal stabilization interventions.

### Non-reassuring fetal heart rate

If the fetal heart rate is continually non-reassuring, we would transfer to hospital by ambulance, to allow prompt access to obstetric and pediatric support.

### Cord prolapse

In the very rare event that the umbilical cord prolapses (falls down) in front of the baby's head, blood flow to the baby can be compromised and a cesarean is required promptly to safely deliver the baby. The midwife inserts her hand into mom's vagina to lift the head up and off the cord to prevent or decrease cord compression during transport, and obstetric and pediatric support are notified prior to arrival to the hospital to prepare a team to receive the transport.

### Newborn having difficulty transitioning

#### ***Acute***

Most newborns are vigorous at birth. About 1 in 10 babies need some assistance immediately after birth --- usually this will be in the form of skin stimulation, suction and/or oxygen by mask for 30 seconds, but in rare situations can mean full CPR including intubation. Midwives are trained in neonatal resuscitation, carry emergency resuscitation equipment and are skilled in responding quickly if a baby has difficulty breathing at birth. A small percentage of babies needing resuscitation will require specialized pediatric care and ongoing observation, and transport to hospital by ambulance. If mom is stable, she will be allowed to come with baby.

#### ***Ongoing***

Sometimes newborns are vigorous at birth, but do not completely stabilize in the next few hours. In this case, transport to hospital is advised for further pediatric observation and supportive care.

Please feel free to discuss any specific concerns you may have with your midwife. She is happy to answer any questions.