

Midwife's Name: \_\_\_\_\_

Texas License Number: \_\_\_\_\_

NARM CPM Number: \_\_\_\_\_

Client Number: \_\_\_\_\_

## Special Circumstances

*Clients who require consultation, collaboration, referral, transfer, or emergency measures are considered to have Special Circumstances. These circumstances are to be documented in the midwifery record, and evaluated in Peer Review. You may use this form as part of your chart.*

### **Prenatal Care – Recommend Referral (§831.60 b)**

- Infection requiring antimicrobial therapy
- Hepatitis
- Non-insulin dependent diabetes
- Thyroid disease
- Current drug or alcohol abuse
- Asthma
- Abnormal pap smear (consistent with malignancy or pre-malignancy) during the current pregnancy
- Seizure disorder
- Prior cesarean section (except for prior classical or vertical incision, which will require transfer in accordance with subsection (c) (8))
- Multiple gestation
- History of prior antepartum or neonatal death
- History of prior infant with a genetic disorder
- Significant vaginal bleeding
- Maternal age less than 15 at EDC
- Cancer or history of cancer
- Psychiatric illness
- Any other condition or symptom which could adversely affect the mother or fetus, as assessed by a midwife exercising ordinary and reasonable skill and knowledge

### **Prenatal Care – Recommend Transfer (§831.60 c)**

(If a client elects not to accept a transfer, the midwife shall terminate the midwife-client relationship)

- Placenta previa in the third trimester
- HIV positive or Acquired Immunodeficiency Syndrome (AIDS)
- Cardio vascular disease, including hypertension, with the exception of varicosities
- Severe psychiatric illness
- History of cervical incompetence with surgical therapy
- Pre-term labor (less than 36 weeks)
- Rh or other blood group isoimmunization
- Any previous cesarean section with a vertical or classical incision, or any previous uterine surgery which required an incision in the uterine fundus
- Preeclampsia/eclampsia
- Documented oligo-hydramnios or poly-hydramnios
- Any known fetal malformation
- Preterm premature rupture of membranes (PPROM)
- Intrauterine growth restriction
- Insulin dependent diabetes
- Any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a midwife exercising ordinary skill and education.

### **Labor or Delivery – Initiate Immediate Emergency Transfer (§831.65 e)**

- Prolapsed cord
- Chorio-amnionitis
- Uncontrolled hemorrhage
- Gestational hypertension/preeclampsia/eclampsia
- Severe abdominal pain inconsistent with normal labor
- Non-reassuring fetal heart rate pattern
- Seizure
- Thick meconium unless birth is imminent
- Visible genital lesions suspicious of herpes virus infection
- Evidence of maternal shock

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**Labor or Delivery – Initiate Immediate Emergency Transfer (§831.52 e) Cont'd**

- Preterm labor (less than 36 weeks)
- Presentations(s) not compatible with spontaneous vaginal delivery
- Laceration(s) requiring repair beyond the parameters set forth and documented in the protocols of the midwife
- Failure to progress in labor
- Retained placenta
- Any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a midwife exercising ordinary skill and knowledge

**Postpartum – Recommend Referral (§831.70 c)**

- Infection requiring antimicrobial therapy
- Bladder dysfunction
- Major depression
- Gestational hypertension
- Any other condition or symptom which could threaten the health of the mother, as assessed by a midwife exercising ordinary skill and knowledge.

**Postpartum – Initiate Immediate Emergency Transport (§831.70 d)**

- Uncontrolled hemorrhage
- Maternal shock
- Preeclampsia/eclampsia
- Signs of thrombophlebitis or pulmonary embolism
- Any other condition or symptom which could threaten the life of the mother, as assessed by a midwife exercising ordinary skill and knowledge.

**Newborn (≤ 6 hours) – Recommend Referral (§831.75 c)**

- Birth injury
- Gestational age assessment less than 36 weeks
- Small for gestational age
- Large for gestational age
- Any other abnormal newborn behavior or appearance which could adversely affect the newborn, as assessed by a midwife exercising ordinary skill and knowledge

**Newborn (≤ 6 hours) – Initiate Immediate Emergency Transfer (§831.75 d)**

- Non-transient respiratory distress
- Non-transient pallor or central cyanosis
- Jaundice
- APGAR at 5 minutes less than or equal to 6
- Prolonged apnea
- Hemorrhage
- Signs of infection
- Seizure
- Major congenital anomaly not diagnosed prenatally
- Unstable vital signs
- Prolonged:
  - Lethargy
  - Flaccidity
  - Irritability
  - Inability to suck
  - Persistent jitteriness
  - Hyperthermia
  - Hypothermia
  - Other abnormal newborn behavior or appearance which could threaten the life of the newborn, as assessed by a midwife exercising ordinary skill and knowledge

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**Newborn  $\geq$  6 Hours – Recommend Referral (§831.75 e)**

- Abnormal laboratory test results
- Minor congenital anomaly
- Failure to thrive
- Any other abnormal behavior or appearance which could adversely affect the infant, as assessed by a midwife exercising ordinary skill and knowledge

**Newborn  $\geq$  6 Hrs Old – Initiate Immediate Transfer (§831.75 f)**

- Respiratory distress
- Pallor or central cyanosis
- Pathological jaundice
- Hemorrhage
- Seizure
- Inability to urinate or pass meconium within 24 hours of birth
- Unstable vital signs
- Lethargy
- Flaccidity
- Irritability
- Inability to feed
- Persistent jitteriness
- Any other abnormal newborn behavior or appearance which could threaten the life of the newborn, as assessed by a midwife exercising ordinary skill and knowledge