**Transporting**

Study Group Module

**Note:** If you are aware that you have vicarious trauma or if you have recently or in the

past had an experience with a difficult transport, we encourage you to work on the Grief

and Trauma module in conjunction with the Transporting module. You are also welcome to contact the NMI office for a confidential conversation.

**Learning Objectives**

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words that will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

• Review appropriate indications for transport from an out-of-hospital birthing location to the hospital.

• Identify the practical steps of creating physician collaboration, consultation and transport plans.

• Understand the critical importance of having a reliable hospital transport plan for home birth.

• Examine and consider various transport arrangements available in your community.

• Identify specific steps you can follow to facilitate a smooth transport transition.

• Understand the role of the midwife as advocate in a hospital setting.

• Identify how your chart is your ally and a critical link in establishing clear communication in a clinical setting.

• Identify effective methods of trouble shooting in a difficult transport situation.

• Understand the role of paramedics and the EMS services in transport situations.

• Identify the training and skills specific to the EMS services in your transport vicinity.

• Identify when transport by ambulance is appropriate.

• Draft practice guidelines for arranging medical consultation, transfer of care, and transporting in your own practice.

• Demonstrate your ability to discuss issues of medical consultation, transfer of care, and transporting to the hospital with clients in the context of your preceptor’s practice.

• Identify the effects of a midwife’s legal status on their client’s access to appropriate pregnancy- or birth-related medical care.

• Discuss the impact of various health insurance coverage on options available to a client for transport during labor.

• Define vicarious trauma, allostatic stress, and allostatic load.

• Demonstrate wheelchair safety.

• Demonstrate car seat installation and safety.

Study Group Module: Transporting

**Study Sources**

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding. Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

**Transporting is a critical area of expertise and, with the rise in popularity of birth outside the hospital, a few textbooks address transport issues. Oral tradition is vital, including experience with facilities in your community and individual doctors, and your midwifery community’s collective experience, learned and observed through peer review and interview.**

• Holistic Midwifery, Vol. I, II, III (when available), Frye

• Varney’s Midwifery (index search for home and birth center)

• Heart and Hands, Davis

• MANA Statement of Values and Ethics--see NMI website Transporting module web resources

**• See NMI website Transporting module web resources for additional information and up-to-date sources.**

Related Topics

• After-Action Review

• Artificial Rupture of Membranes

• Breast Feeding

• Cesarean and VBAC

• Fetal Heart Rate Patterns

• Birth Bag and Set Up

• Breech and Twins

• Ectopic Pregnancy

• Fetal/Newborn Circulation

• Genetic and Prenatal Screening

• Grief and Trauma

• First Stage

...continued on next page

Study Group Module: Transporting

• Gestational Diabetes

• Hemorrhage

• Hypertension

• Meconium

• Newborn Apnea, Hypoxia and Respiratory Distress

• OP, Brow and Face Presentations

• Physical Assessment

• Post Dates Management and Post Maturity

• Postpartum Depression

• Preeclampsia

• Second Stage

• Shoulder Dystocia

• Substance Abuse

• Third Stage

• Pharmacology for Midwives

• Postpartum Care

• Preterm Labor

• Ruptured Membranes

• Stillbirth and Miscarriage

• Suturing

• Herpes

• Jaundice

**Note:** Hospitals do what they can to limit the spread of infection, but equipment and surfaces are not always clean. A transport to the hospital exposes a family and their midwife team to potential pathogens that can be passed through casual contact with the environment. Humans touch things and then we touch each other, and we all touch our own faces. Pushing your hair behind your ear, rubbing an eye, etc, are often unconscious movements. Snacking during a labor is often hand-to-mouth. Eyes, ears, nose, and mouth are easy routes for pathogens to get personal with you, and with your client. Washing your hands is a critical step to avoid getting sick and unintentionally spreading infection.

Study Group Module: Transporting

**Short Answer Questions**

1. What occurs when you dial 911 in your community? Where is your call received and how is it routed?

a. Who arrives first?

b. How far is it from the ambulance garage to the homebirth clients you serve?

c. How far is it from the client’s homebirth or birth center to the hospital?

d. How many hospitals serve your area and can receive maternity transports?

2. Are you ordinarily welcome to ride in the ambulance during a transport?

3. How long do you stay at the hospital when you have transported a client?

4. Are the EMTs and paramedics in your EMS response area able to start IVs in the field?

5. Does you peer review group discuss transport experiences?

6. Has your peer review group or midwifery organization circulated the Home Birth Summit Best Practice Guidelines: Transfer from Planned Home Birth to Hospital?

7. Have the EMS responders in your area received instruction and/or training specific to appropriate participation in a transport from a planned home birth?

8. Have you prepared an Informed Consent for Homebirth form for use in your practice at the beginning of care?

9. Will the clients in your practice need to establish a prenatal relationship with physician so that the physician may receive them at the hospital if transport from home during labor is indicated?

10. Define

a. allostatic stress

b. allostatic load

c. vicarious trauma

Study Group Module: Transporting

**Questions Requiring Longer, Thoughtful Answers & Explanations**

1. What are the expectations of the local hospital regarding midwifery transports from a home birth? (If you’re at a birth center, also include that scenario.)

2. When do you begin the discussion with clients about homebirth and transporting?

3. What preparations do you make so that you are familiar with the route from each client’s home to the hospital?

4. List the instances when transport by ambulance is indicated.

5. How do you initiate a non-emergency transport?

6. How do you determine which hospital will receive your transport?

7. Identify specific steps you can follow to make a smooth transport transition.

8. Describe the role of the midwife as advocate in a hospital setting. How does Shared Decision Making and informed choice/consent aid you, as the midwife, in advocating for your client?

9. Describe some effective techniques for communicating in a difficult transport situation.

10. Discuss the difference between a first responder, an EMT, and a paramedic.

11. What are the roles of paramedics and the EMS services in transport situations?

12. When does the midwife defer to the paramedics?

13. What indicates that your continued midwifery expertise is critical and that you are needed in the ambulance during a transport?

14. When do you visit a client following a transport situation?

15. How do you provide “concurrent care” for a client when staying in hospital is necessary?

16. How do the issues of coverage by medical insurance affect your options for medical transport? Discuss the impact of various health insurance coverages on options available to a client for transport during labor.

Study Group Module: Transporting

17. How does a midwife’s legal status impact a client’s access to pregnancy- or birth-related medical care?

18. Do you have access to another midwife with whom you can share the emotional aftermath of a transport?

19. Does your midwifery community understand the concept of allostatic stress?

20. Do you spend time with family and friends after you’ve had a difficult situation or transport?

a. Do you include physical exercise as part of your recovery from a difficult situation or transport?

**Projects**

Send completed projects with the rest of your course work for this module.

1. Imagine the perfect instructional class or presentation about home birth to inform first responders, EMTs, and paramedics about how their participation in a transport situation can best meet the needs of homebirth families. Create an outline for such a presentation. Consider offering this service to the local first responders, EMTs, and paramedics in your area. Be prepared to demystify the process and calm many fears and misunderstandings. I recommend a panel or team teaching approach with great visual aids. These folks can be a hard sell, but among them there may be home birthers who are already in the know!
2. Research in your community to identify car seat availability and resources. Is there a free car seat distribution service?
3. This exercise is about demonstrating wheelchair safety. You need a willing assistant or this exercise. Choose someone who isn’t likely to get you in trouble. Make notes during your experience or write about your experience afterwards.
	1. a.Visit your local hospital and locate the wheelchairs that are available for use. **Before attempting to sit in the wheelchair, both footrests must be** **positioned to the side of the seat, and the brake must be set.** Some wheelchairs are stored in a folded position, standing on the wheels. To open a wheelchair, pull the handles apart to spread the wheels and flatten the seat.
	2. Are there variations in the wheelchairs available?
	3. Find a wheelchair that provides leg and foot rests. Notice how each footrest can be rotated to the side of the chair, and look at the mechanism that allows removal of the footrest.
	4. Practice removing and replacing a footrest. The mechanisms for each footrest are the same, but each one is specific to the side it fits and the opposite bend of the metal forms can be confusing. Practice on both footrests, and then swing

...continued on next page

Study Group Module: Transporting

1. them out of the way. **Set the brake**. Sit in the wheelchair and notice the importance of safely stowing the footrests out of the way, then see if you can move the footrests into position from your seated position.

e. Familiarize yourself with the mechanism of setting the brake on the wheels. Set the brake, and then sit in the wheelchair. Can you reach the brake release?

f. With your recently practiced wheelchair skills, position the chair for your assistant to sit. Replace the footrests, supporting their leg and lifting it to position in the footrest. Stand behind the person in the chair and ask if they are ready to move now. Push the chair and passenger around the hall and notice how much turning space is required to avoid bumping into a corner or another chair. Set the brake, support each leg in turn, and swivel each footrest out of the way, placing each foot on the ground. Return to steady the chair from behind and assure the person that you are ready for them to stand. The person stands and steps away from the chair. Remove the brake and move the chair away from the person, to an appropriate waiting place. **Set the brake**. To fold a chair for storage, place one hand on the back edge of the seat in the middle, and one hand in the middle of the front edge of the seat, and lift both hands slowly to fold the seat in half, drawing the wheels toward each other.

1. Create or adapt a transport cover sheet for use in your own practice. A transport cover sheet includes the client’s name and contact info, number of weeks gestation, status of amniotic membranes (and time if ROM), time and values of the most recent blood pressure, pulse, and temperature. Date and details from the most recent prenatal exam: baseline BP and pulse, fundal height. Labwork values: blood type and Rh factor, dates of labs listed for most recent hct and hgb, Bstrep, gestational diabetes screen, HBSAG, Hep C if tested, HIV if tested, RPR, GC, Chlamydia. Midwife’s name and contact info and Significant Partner’s name. Provide space for estimated bloodloss (and time), for use during an intrapartum transport.
2. Familiarize yourself with the template details that NARM provides as examples under the title Emergency Transport Form--see NMI website Transporting module web resources. Adapt the Emergency Transport Form for your own practice.
3. Research the practice of After Action Review and After Action Report. Create a simple, constructive template for use in your practice.
4. Draft practice guidelines for medical consultation and transfer of care in your own practice. Include reference to your use of informed consent and charting. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)
5. Draft practice guidelines for medical transport in your own practice for the following instances. Consider both mother/gestational parent and baby. Include reference to your continued advocacy, use of informed consent and charting. Submit these drafts and include them later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

• Transporting with Cord Prolapse

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Study Group Module: Transporting

• Transporting in 1st Stage Labor: FHT concerns, meconium, maternal exhaustion, ruptured membranes issues, fever

• Transporting in 2nd Stage Labor: prolonged pushing, fetal distress, maternal exhaustion, fever

• Transporting in 3rd Stage Labor: retained placenta, hemorrhage, fever, suturing

• Transporting Newborn: newborn consultation, continued newborn resuscitation

**Skills Review**

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

1. Midwifery Counseling, Education and Communication:

A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers

B. Provides education, support, counseling and/or referral for the possibility of less-than optimal pregnancy outcomes

D. Facilitates the mother's decision of where to give birth

1. The advantages and the risks of different birth sites

2. The requirements of the birth site

3. How to prepare, equip and supply birth site

E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome

H. Provides individualized care

I. Advocates for the mother during pregnancy, birth and postpartum

J. Provides education, counseling and/or referral, where appropriate for:

3. Prenatal testing

8. Complications

2. General Health care Skills:

C. Demonstrates the application of aseptic technique

K. Administers the following pharmacologic (prescriptive) agents:

5. Pitocin ®

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Study Group Module: Transporting

2. General Health care Skills:

L. Refers for performance of ultrasounds

3. Maternal Health Assessment:

G. Evaluates laboratory and medical records from other practitioners

H. Obtains assistance evaluating laboratory and medical records from other practitioners

L. Establishes and follows emergency contingency plans for mother and/or newborn

4. Labor, Birth and Immediate Postpartum

C. Demonstrates the ability to evaluate and support a laboring woman during the second stage of labor by:

11.Demonstrating the ability to recognize and respond to labor and

birth complications such as:

c) Variations in presentation such as:

1) breech presentation

d) Management of meconium stained fluids by:

1) eliciting the mother’s cooperation to deliver head quickly,

2) instructing the mother to stop pushing,

3) wiping out the inside of the baby’s mouth,

4) clearing the airway with suction of mouth and nose,

5) preparing to resuscitate the baby

e) Management of maternal exhaustion by:

1) providing nutritional support,

2) ensuring adequate hydration,

3) providing non-allopathic treatments,

4) evaluating the mother’s psychological condition,

5) encouraging rest,

6) monitoring vital signs,

7) monitoring fetal well-being,

8) evaluating urine for ketones,

9) evaluating for consultation and/or referral

E. Assists in placental delivery and responds to blood loss by:

6. Responding to a trickle bleed by:

a) Assessing the origin of the blood,

b) responding to uterine bleeding with:

1) nipple stimulation/breastfeeding,

2) fundal massage,

3) assessment of fundal height and uterine size,

4) nonnon-allopathic treatments,

5) Administration of medication,

6) expression of clots,

7) emptying the bladder,

8) assessment of vital signs, ...continued on next page

Study Group Module: Transporting

2. General Health care Skills:

H. Treats for shock by:

3. Assessing the cause of shock and providing treatment for shock by:

g) Preparing to transport

K. Recognizes and responds to potential prenatal complications by:

3. Identifying preeclampsia

4. Collaborating and managing preeclamptic mothers

4. Labor, Birth and Immediate Postpartum

E. Assists in placental delivery and responds to blood loss by:

6. Responding to a trickle bleed by:

c) Responding to vaginal tear and bleeding with:

1) application of direct pressure on tear,

2) suturing,

3) continued assessment of blood color and volume,

4) non-allopathic treatments

7. Responding to postpartum hemorrhage with:

a) fundal massage,

b) external bimanual compression,

c) internal bimanual compression,

d) manual removal of clots,

e) administration of medication,

f) non-allopathic treatments,

g) maternal focus on stopping the bleeding: tightening the uterus,

h) administration of oxygen,

i) administration of IV fluids or appropriate referral for IV fluids,

j) treatment for shock,

k) consulting and/or transferring,

l) activating emergency backup plan

In addition to the required NARM skills, demonstrate wheelchair safety.

**Study Group Module Evaluation Sheet**

We’d like to know what you think of the course work we ask you to complete. Please comment on as many modules as you can, and return this form to NMI.

Thank you!

Name of Module: Transporting

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did you like about this module?

2. Were there any surprises for you in this module?

3. Was there anything in this module that was particularly challenging for you?

4. What will completing this module bring to your midwifery practice?

5. Do you feel you met this module’s states learning objectives?

6. Did the learning activities enable you to meet the learning objectives?

7. Were the suggested learning resources (books and materials) adequate to meet the learning objectives?

8. Did you utilize additional resources?

9. Any comments/Suggestions for improving this module?

Thank you!