

- ❖ I acknowledge that my admission to the Rose Babies Birth Center is voluntary and that I can request a transfer to the Rose Labor and Delivery Unit at any time and for any reason. I also acknowledge that my provider may request or require that I transfer at any time that they have concern for my well-being or the well-being of my baby.
- ❖ I have reviewed the admission eligibility and conditions requiring transfer that are outlined below and have had all questions answered by my obstetrical provider.
- ❖ I understand that monitoring of my baby will be done by intermittent auscultation (periodic listening to the baby's heartbeat) and that if further assessment (such as electronic heart rate monitoring) is needed, transfer to the Labor and Delivery Unit will be required.
- ❖ I understand that if I desire medication for pain relief (either through an IV or an epidural), transfer to the Labor and Delivery Unit will be required.
- ❖ I acknowledge that I must complete required Prenatal Education courses and a Your Rose Baby program appointment prior to admission to the Rose Babies Birth Center.

### **Admission Eligibility – Patients must be free from the following conditions to deliver in the Birth Center:**

- Gestational age less than 37.0 weeks or greater than 41.6 weeks
- Age  $\geq$  40 years at time of delivery
- Multiple gestation
- Grand multiparity ( $>$  5 births)
- Non-vertex presentation at the time of labor
- Pre-pregnancy obesity with a BMI  $\geq$  35
- Paraplegia or quadriplegia
- Mental impairments that would impact the ability for the patient to understand and follow directions
- Birth of a previous child with serious congenital anomalies of a type that may be repeated, yet cannot be excluded through antenatal evaluation, OR current suspected or known fetal anomalies/abnormal fetal surveillance studies
- Diabetes – insulin-dependent OR gestational
- Documented or admitted drug or alcohol use during the 3<sup>rd</sup> trimester of pregnancy
- History of hypertension requiring medication management, blood pressures of  $>$  140/90 during pregnancy OR signs and symptoms of pre-eclampsia
- Previous Cesarean OR need for a Cesarean with this pregnancy
- Epilepsy requiring medication
- Severe anemia – hematocrit  $<$  30 on admission
- History of significant DVT OR any form of thrombophilia
- IUGR OR macrosomia
- Documented oligohydramnios OR polyhydramnios
- Placental abnormalities (previa, abruption, marginal cord insertion, 2 vessel cord) OR significant third trimester bleeding of unexplained cause
- Known or suspected active genital herpes at the time of admission
- Rising antibody titer of any type that is known to affect fetal well-being
- Rh sensitization of any kind
- Need for induction of labor
- Need for any type of anesthesia or IV pain management
- History of postpartum hemorrhage (greater than 1000ml)
- History of shoulder dystocia

Patient Sticker

**Transfer to Labor and Delivery will be necessary if:**

- There is an obstetrical or neonatal emergency (examples include, but are not limited to prolapsed cord, intrapartum hemorrhage, etc.)
- There is evidence of maternal infection
- I request IV pain medication or Epidural anesthesia
- I develop high blood pressure
- There is non-reassuring findings with Intermittent Auscultation
- There is a need for instrumentation assistance (vacuum or forceps) at delivery
- There is meconium (unless delivery is imminent)
- There is the need for labor augmentation
- There is a prolonged 2<sup>nd</sup> stage of labor (longer than 3 hours of pushing for 1<sup>st</sup> time moms, or longer than 2 hours of pushing for moms who have had one or more vaginal deliveries)
- There is a retained placenta (retained greater than 30 minutes)
- There is a postpartum hemorrhage that does not respond to treatment OR requiring blood transfusion

Patient Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Sticker