

## PLAN FOR CONSULTATION, COLLABORATION AND TRANSFER OF CARE

NY licensed midwives with independent practices provide clinical care and education for women and babies during the childbearing year. Midwives also provide primary care for women throughout the lifespan. Midwifery care includes drawing blood and ordering laboratory studies, prescriptive authority and referrals for genetic testing, ultrasound for fetal evaluation and other screening tests such as mammography and pap smears.  
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Federal regulations require all hospitals to admit laboring women regardless of prior registration or association with a provider on site at that hospital.  
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NY State regulations require that midwives have collaborative relationships with physicians and/or hospitals to facilitate consultation, collaboration and/or transfer of care based on the health status of the patient. These may include but are not limited to obstetricians, perinatologists and pediatricians. River & Mountain Midwives and Northern Dutchess Community Hospital in Rhinebeck have such a relationship.  
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At any time during pregnancy, labor or the postpartum six weeks we may determine it is clinically appropriate for you and/or your baby to have your care provided in another setting or by another provider.  
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If transfer to a physician or hospital becomes necessary, this will be discussed with you and your records will be made available to the collaborating physician and/or hospital.  
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If you require hospital care, a midwife will accompany you; but unless she has admitting privileges at that hospital, she will no longer be responsible for your care. The midwives of River & Mountain Midwives do not currently have admitting privileges at any hospitals. The midwife who attends your hospital birth will offer supportive care including advocacy. River & Mountain Midwives will resume postpartum care following hospital discharge.  
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While emergencies are rare, transfers in these cases are made to the most appropriate hospital. For instance: transferring a baby with special needs or a medical condition requires transfer to the closest hospital, where the baby will be evaluated and treated or transferred by the facility's medical staff.  
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All hospital expenses incurred at any time are your responsibility and are not included in our financial agreement.  
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The name and address of my closest hospital is\_\_\_\_\_

The name and address of my preferred hospital is\_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Partner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Midwife \_\_\_\_\_ Date \_\_\_\_\_