

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 ordering laboratory studies, prescriptive authority and referrals for genetic testing, ultrasound for fetal evaluation and other tests such as mammography and pap smears.

Initial _____

NY law requires 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 obstetricians, maternal fetal medicine specialists, pediatricians and others. River & Mountain Midwives and Northern Dutchess Community Hospital in Rhinebeck and HealthAlliance of the Hudson Valley in Kingston have such relationships.

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Federal regulations (EMTALA) require all hospitals to admit laboring women regardless of prior registration or association with a provider at that hospital.

Initial _____

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.

Initial _____

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.

Initial _____

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 clinical care. River & Mountain's midwives currently have admitting privileges at HealthAlliance hospital in Kingston. The midwife who attends your hospital birth at another hospital will offer supportive care including advocacy and 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.

Initial _____

All hospital expenses incurred at any time are your responsibility and are not included in our financial agreement.

Initial _____

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 _____