

Reasons for Transport

Slow Labor with Maternal Exhaustion

The most common reason to transport to the hospital is for slow labor with contractions that are not efficient enough to dilate you in a reasonable amount of time. This is not an emergency situation, and all the tricks of stimulating labor at home will be tried. The usual remedy at the hospital is that you get IV fluids with Pitocin (a synthetic hormone) to stimulate strong contractions. If you get Pitocin, you will need to be on a fetal monitor (either internal or external) to ensure that the stronger contractions are not stressing the baby. Pitocin is a variable drug, so sometimes a very small dose will put you into labor, and sometimes a lot won't. It can cause frequent coupling contractions that can be stressful for the baby and therefore merits close monitoring.

Meconium

If the amniotic fluid is dark and/or thick when the water breaks, it indicates that the baby has passed a bowel movement. This is not dangerous for you as the contents of the baby's bowels are sterile, but it may be a sign that your baby has experienced stress. The concern is not about the delivery per se, but about the baby's first breath: that he/she will get meconium into the lung. The presence of meconium usually doesn't cause problems for the baby, but sometimes inhalation of meconium can cause respiratory distress. If a baby is born with meconium stained fluid, some midwives will suction the baby's nose and mouth with a DeLee prior to the baby taking its first breath; though current research is questioning this practice. Unless the baby is not vigorous, meconium does not warrant a transfer.

PROM

PROM is when your water breaks before your contractions start. If labor starts this way, most of the time (70%) you will be in active labor within 12 to 24 hours and progress well to birth. There are two schools of thought on management: (1) *Expectant Management* includes checking your temperature, fetal activity, fluid color and odor as well as avoiding unnecessary vaginal exams. These procedures are carried out while waiting for labor to start spontaneously. (2) *Active management* includes the use of Pitocin to start or speed your labor.

Post Dates

If you pass your due date by 2 weeks, you are considered "post dates." There are basically two concerns: that the baby is large and that your placenta is not functioning optimally. As the 43rd week approaches, your midwife will discuss having a Non-Stress Test and a Biophysical Profile. If all signs look good, relax and wait for labor to start. If you are approaching three weeks over due, the midwives will try all their tricks to help you start labor naturally.

Preterm Labor

Labor more than three weeks before your due date is preterm labor. The sooner you report preterm labor, the more likely it can be stopped with bed rest or drugs. If your labor continues anyway and you are three or more weeks from your due date, you will be transferred to physician care. The baby will be cared for at the hospital where they have tertiary care for small infants.

Fetal Distress

Abnormal heart rate patterns may indicate the baby is not tolerating the stress of labor well. Some patterns can be corrected with position changes for the mother and oxygen. If this is not the case, the midwives will transport.

Bleeding

If you have any abnormal bleeding in pregnancy or labor, you will be transferred to the care of a doctor. After the birth, excessive bleeding is treated immediately. If you do not stabilize quickly, or lose an unusual amount of blood, you will be transported to the hospital.

Newborn

The most common reasons are respiratory distress, temperature instability, or an anomaly. If your infant is distressed at home, he/she may undergo neonatal resuscitation and possibly be transported.

High Blood Pressure

High blood pressure of the mother may necessitate transfer to the hospital. The midwives will try to bring it down first with position changes and other natural approaches.