## TABLE II OAR 333-077-0125

## Conditions of <u>CURRENT PREGNANCY</u> that Require Transfer or Consultation

Conditions highlighted in red boxes indicate high-risk conditions that, when condition develops, will require the transfer of a client to hospital-based care.

Conditions in the yellow boxes indicate potentially risky conditions that require consultation with a provider of perinatal care<sup>1</sup> as defined under OAR 333-077-0125.

The list of high-risk conditions and potentially risky conditions is not comprehensive, and other physical, behavioral health, obstetric, or fetal conditions may arise that require consultation or transfer to hospital-based care. Having multiple risk conditions requiring consultation may increase the risk sufficiently to indicate the need to transfer care.

Abnormal bleeding in pregnancy	Antepartum hemorrhage, recurrent
	Hemorrhage (hypovolemia, shock, need for      Hemorrhage (hypov
	transfusion, vital sign instability)
Amniotic fluid	<ul> <li>Oligohydramnios</li> </ul>
	<ul> <li>Polyhydramnios</li> </ul>
Amniotic membrane rupture	Before 36 weeks 0 days
	• Pre-labor rupture > 24 hours
Cancer	Active gynecologic cancer
Cardiovascular disease	Cardiovascular disease-causing functional
	impairment
Connective tissue disorders	Systemic lupus erythematous
	Scleroderma
	Rheumatoid arthritis
	<ul> <li>Any collagen-vascular disease</li> </ul>
Gestational diabetes	Requiring medication or uncontrolled
Hematologic conditions	<ul> <li>Hemoglobin &lt; 8.5 g/dL at admission for labor</li> </ul>
	Thrombosis, suspected or diagnosed
	Thromboembolism, suspected or diagnosed
	Thrombocytopenia (platelets < 100,000)
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<sup>&</sup>lt;sup>1</sup> OAR 333-077-0125 – Provider of perinatal care means a physician or certified nurse midwife as those terms are defined under OAR 333-077-0010, a physician associate licensed under ORS chapter 677, a nurse practitioner licensed under ORS chapter 678, or a licensed direct entry midwife licensed under ORS chapter 687.

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Fetal growth	<ul> <li>Uteroplacental insufficiency</li> <li>Intrauterine growth restriction (IUGR) – fetal weight less than 5<sup>th</sup> percentile using ethnically-appropriate growth table, or concerning reduced growth valority on ultrasound</li> </ul>
	<ul> <li>growth velocity on ultrasound</li> <li>Inappropriate uterine growth (size-date discrepancy). (An ultrasound read by a qualified physician constitutes a consultation.)</li> </ul>
Fetal monitoring or movement	Repetitive or persistent abnormal fetal heart rate pattern
Fetal presentation	<ul><li>Non-cephalic</li><li>Breech</li></ul>
Gestational age	<ul> <li>Labor or premature rupture of membranes at &lt;36 weeks 0 days</li> <li>Pregnancy ≥42 weeks (unless already in active labor at 41 weeks 6 days)</li> </ul>
	Expected delivery date uncertain
Hepatic disorders	Disorders including uncontrolled intrahepatic cholestasis of pregnancy or abnormal liver function tests
Hyperemesis gravidarum	Refractory hyperemesis gravidarum
Hypertensive disorders	<ul> <li>Eclampsia</li> <li>Hypertension at or above 140 systolic or at or above 90 diastolic on two (2) separate occasions that are more than four (4) hours apart, or hypertension at or above 160 systolic or at or above 110 diastolic on one (1) occasion.</li> <li>Pre-existing or chronic hypertension</li> <li>Pre-eclampsia</li> </ul>
Infectious Conditions	<ul> <li>Diagnosed Chorioamnionitis</li> <li>Genital herpes; primary outbreak at time of labor</li> <li>Hepatitis B, positive status</li> <li>HIV; positive status</li> <li>Rubella; anytime during pregnancy</li> <li>Shingles; active at labor</li> <li>Syphilis; positive status or unknown</li> <li>Varicella; active at labor</li> <li>Maternal infection postpartum (e.g., endometritis, sepsis, wound) requiring hospital treatment)</li> <li>Two (2) temperatures at 100.4 degrees Fahrenheit or 38 degrees Celsius or greater within one (1) hour or one (1) temperature at 102.2 degrees Fahrenheit or 39 degrees Celsius or greater.</li> </ul>
	Toxoplasmosis

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	• CMV
Isoimmunization	Blood group incompatibility and/or Rh sensitization in current pregnancy
Labor management	<ul> <li>Induction; pharmacological</li> <li>Lack of adequate progress in 2<sup>nd</sup> stage with cephalic presentation.</li> </ul>
Miscarriage/non-viable pregnancy	Molar
Multiple gestations	Multiple gestations
Perineal laceration or obstetric anal sphincter injury	<ul> <li>3<sup>rd</sup> degree requiring hospital repair or beyond expertise of attendant</li> <li>4<sup>th</sup> degree</li> <li>Enlarging hematoma</li> </ul>
Placental Conditions	<ul> <li>Abruption</li> <li>Low lying with 2 cm or less of cervical os at term</li> <li>Previa</li> <li>Vasa previa</li> <li>Retained placenta &gt; 60 minutes</li> </ul>
Psychiatric Conditions	<ul> <li>Maternal mental illness requiring psychological or psychiatric intervention</li> <li>Patient currently taking psychotropic medications</li> </ul>
Substance Use	Drug or alcohol misuse with high risk factor for adverse effects to fetal or maternal health
Umbilical cord	• Prolapse
Uterine Conditions	<ul><li>Uterine rupture</li><li>Uterine inversion</li></ul>
	<ul> <li>Uterine prolapse</li> <li>Anatomic anomaly (e.g. bicornuate, large fibroid impacting delivery</li> </ul>

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