Intrapartum and Postpartum Transfer Flow Chart

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Intrapartum Transfer (to hospital during labor):

- Active herpes lesion
- High blood pressure
- Prolonged ruptured membranes
- Premature labor
- Fetal distress (meconium in fluid, heart rate problems)
- Lack of progress
- Bleeding by mother
- Retained placenta

Postpartum transfer (after labor):

- Bleeding by mother
- Repair of serious tear
- Illness in mother or baby
- Newborn problems

Expect these interventions:

During labor

- IV fluids
- Electronic fetal monitoring
- Restriction of fluids
- Restriction of movement
- More frequent vaginal exams

After labor

- Baby taken to nursery for varying lengths of time
- IV fluids

Other possible interventions (depending on problem):

- Medications, such as:
  - -Pitocin or prostaglandin
  - -Uterine relaxants
  - -Pain medications (narcotics, epidural anesthesia)
  - -Blood pressure medications
  - -Medications to control bleeding
  - -Antibiotics
- Ultrasound
- Manual removal of placenta
- Deep suctioning/ resuscitation of baby
- Careful complete workup of baby
- Surgical repair of perineum

Improvement of problem

- Vaginal birth
- Healthy mother
- Healthy baby
- Home soon

Problem does not improve

Further interventions (as needed):

- Forceps
- Vacuum extraction
- Cesarean section
- Blood transfusion
- Newborn intensive care
- Longer hospital stay