Alaska Birth Transfer Initiative:
Interim Guidance for Transfers from Community Births During the COVID-19 Pandemic

Background and Purpose:
Alaska has the highest proportion of community births (planned home or freestanding birth center births) in the United States (US). In 2017, the proportion of community births was more than four times higher in Alaska compared to the US, 7.1% compared to 1.6% respectively.[1] Community births are safest when community midwives are integrated into the mainstream health care system with seamless access to consultation, transfer of care, and emergency transportation when necessary.[2-5]

Due to the COVID-19 pandemic, community births are expected to increase. During this unprecedented time, it is essential to maintain access to community-based midwifery care for low-risk pregnant people while ensuring safe transfer of care and transport to a hospital is available when indicated.

The foundation of this guidance document is based on the Home Birth *Summit Best Practice Guidelines: Transfer from Planned Home Birth to Hospital*[6] with COVID-19 recommendations based on the Midwives' Association of Washington State *Interim Guidelines for Community-Based Midwives During the COVID-19 Pandemic*.[7]

For comprehensive birth transfer guidance, please see the *Alaska Birth Transfer Initiative: Best Practice Guidelines for Transfers from Community Births*.

Best Practices for the Community Midwife

- During the prenatal period, the community midwife should inform the client about hospital care and procedures related to COVID-19, such as required testing, masking, and restrictions on support persons. The community midwife should allay fears by counseling the client that the hospital is a highly controlled and safe environment to give birth.
- The community midwives should notify the receiving provider or hospital of the incoming transfer and relevant medical history, including any COVID-19 test results and/or symptoms.
- The community midwife should consider risk of COVID-19 infection and transmission when deciding to accompany the client to and within the hospital. Decisions should be made in coordination with any emergency services personnel and the receiving provider. If the community midwife accompanies the client to and within the hospital, they should don appropriate personnel protective equipment (PPE) according to hospital policy.

- The community midwife should follow testing and PPE requirements in Alaska Health Mandate 015: Services by Health Care Providers and should adhere to the Centers for Disease Control and Prevention Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2.
- The community midwife should give a verbal report directly to the receiving provider. If an in-person report and handoff is not possible, efforts should be made to speak directly with the receiving provider on the telephone. This handoff should include any available medical records as well as the Alaska Birth Transfer Initiative Transfer maternal or neonatal transfer form.

Best Practices for the Hospital Birth Provider and Staff

- Hospital providers and staff should communicate directly with the community midwife to obtain clinical information in addition to the information provided by the client, including any COVID-19 test results and/or symptoms. If the community midwife does not accompany the client to the hospital, efforts should be made to speak directly with the community midwife on the telephone.
- Hospital providers and staff should understand and acknowledge that a client transferring from a community birth may have fears about contracting COVID-19 or hospital policies related to separation. Clients and support persons should be informed of hospital policies and infection control practices.
- The community midwife may need to accompany clients into the hospital until the arrival of the receiving provider, should ongoing assessment and treatment be needed. Community midwives should be allowed to remain in the hospital as a part of the health care team until the client has been stabilized and a plan for ongoing care has been established. Community midwives should be treated as a member of the health care team with access to appropriate PPE.

Best Practices for Hospitals and Hospital Systems

- Hospital policies on community midwives accompanying clients within the hospital should be based on community transmission as well as state and national guidance. When it is determined to be safe, hospitals should accommodate the presence of the community midwife as well as the client's primary support person during the hospital stay.
- Hospital policies about allowing community midwives into the hospital should be separate from visitation policies. Community midwives are not visitors, but rather are essential members of the maternity care system and health care team. Hospital policies and procedures should ensure that community midwives are treated as members of the care team with access to appropriate PPE.
- Hospital policies should allow community midwives in the hospital to provide ongoing assessment and treatment until the receiving provider has assumed care. During transports, community midwives provide critical obstetric and/or neonatal care and need to remain with the client until transfer of care is complete. This is similar to emergency services personnel accompanying clients within the hospital for ongoing care until transfer to the receiving health care team.

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