

**BIRTHING CENTERS HIGH RISK FACTORS
ADMISSION - TABLE I**

ABSOLUTE RISK FACTORS - If present at the time of admission to the birthing center, the following conditions would necessitate transfer of the client to a higher level of care:
Current substance abuse which has the potential to adversely affect labor and/or the infant
Quadriplegia
Hypertension >150/100 on at least two occasions
For this pregnancy, Type I Diabetes, other diabetes requiring insulin to maintain acceptable control, or Type II Diabetes
Thrombosis, active/current
Severe anemia, <9 hemoglobin
Uncontrolled seizure disorder
Life-threatening congenital defects in fetus. This does not include documented lethal anomalies
History of previous uterine wall surgery, including Caesarean section, if one or more of the following risk factors is present: <ul style="list-style-type: none">-Conception occurred < 12 months following that surgery or uterine procedure;-Absence of ultrasound to rule out placenta previa and/or placental attachment to the surgical site;-History of two or more Caesarean sections without a prior successful vaginal delivery;-History of myomectomy which invaded the endometrium;-History of a known uterine perforation;-History of Caesarean section which included classical incision;-History of Caesarean section and complications including postoperative infection, diabetes, or steroid use;-Absence of signed, detailed informed consent

NOTE: Any woman with previous uterine wall surgery must be evaluated for the presence of risk factors, and must go through a thorough informed consent process. The information given to the woman must include an explanation of the risk, including non-absolute risks, of a vaginal birth after Caesarean section, and an explanation of the contingency plan in place should transport be necessary. If transport becomes necessary, the birthing center should notify the receiving facility when the transport is imminent.

Need for Caesarean delivery this birth

ABSOLUTE RISK FACTORS - TABLE I (continued)

Multiple gestation

Intrauterine growth restriction without reassuring bio-physical profile of greater than or equal to 8 out of 10

No previous prenatal care or written prenatal records available

Abnormal fetal surveillance studies

Fetal presentation other than vertex, when known

Rising antibody titre - types known to affect fetal well-being; significant Rh sensitization

Amniotic fluid index >30 at term

Amniotic fluid index <5 without reassuring labor progress, without reassuring fetal heart tones and/or abnormal non-stress test

Abnormal bleeding

Need for chemical and/or pharmacological induction of labor

Need for general or conduction anesthesia

Eclampsia; preeclampsia with lab abnormalities

Low-lying placenta within 2 cm. or less of cervical os; vasa previa; complete placenta previa; abruptio placenta

Genital herpes, primary; secondary uncoverable at onset of labor

Labor or premature rupture of membranes at <36 weeks; pregnancy >43 weeks or >42 weeks with abnormal non-stress test

Chorioamnionitis

Thick meconium-stained amniotic fluid without reassuring Doppler heart tones

Known pre-term fetal demise