

TABLE II
OAR 333-077-0125

**Conditions of CURRENT PREGNANCY 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 care¹ 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.

Imminent fetal delivery may delay or preclude actual transfer prior to birth.

Abnormal bleeding in pregnancy	<ul style="list-style-type: none"> Hemorrhage (hypovolemia, shock, need for transfusion, vital sign instability)
	<ul style="list-style-type: none"> Antepartum hemorrhage, recurrent in 2nd or 3rd trimester
Amniotic fluid	<ul style="list-style-type: none"> Oligohydramnios Polyhydramnios
Amniotic membrane rupture	<ul style="list-style-type: none"> Before 36 weeks 0 days Pre-labor rupture > 48 hours
Cancer	<ul style="list-style-type: none"> Active gynecologic cancer
Cardiovascular disease	<ul style="list-style-type: none"> Cardiovascular disease-causing functional impairment
Connective tissue disorders	<ul style="list-style-type: none"> Any collagen-vascular disease Rheumatoid arthritis Systemic lupus erythematosus Scleroderma
Fetal Growth	<ul style="list-style-type: none"> Intrauterine growth restriction (IUGR) – fetal weight less than 5th percentile using ethnically-appropriate growth table, or concerning reduced growth velocity on ultrasound

¹ 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.

	<ul style="list-style-type: none"> • Uteroplacental insufficiency
	<ul style="list-style-type: none"> • Inappropriate uterine growth (size-date discrepancy). An ultrasound read by a qualified physician constitutes a consultation.
Fetal monitoring or movement	<ul style="list-style-type: none"> • Repetitive or persistent abnormal fetal heart rate pattern
Fetal presentation	<ul style="list-style-type: none"> • Breech • Non-cephalic
Gestational age	<ul style="list-style-type: none"> • Labor or premature rupture of membranes at <36 weeks 0 days • Pregnancy ≥42 weeks (unless already in active labor at 41 weeks 6 days)
	<ul style="list-style-type: none"> • Expected delivery date uncertain
Gestational diabetes	<ul style="list-style-type: none"> • Requiring medication or uncontrolled
Hematologic conditions	<ul style="list-style-type: none"> • Hemoglobin < 8.5 g/dL at admission for labor • Thrombocytopenia (platelets < 100,000) • Thromboembolism, suspected or diagnosed • Thrombosis, suspected or diagnosed
Hepatic disorders	<ul style="list-style-type: none"> • Disorders including uncontrolled intrahepatic cholestasis of pregnancy or abnormal liver function tests
Hyperemesis gravidarum	<ul style="list-style-type: none"> • Refractory hyperemesis gravidarum
Hypertensive disorders	<ul style="list-style-type: none"> • Eclampsia • 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 • Pre-eclampsia • Pre-existing or chronic hypertension
Infectious Conditions	<ul style="list-style-type: none"> • Diagnosed Chorioamnionitis • Genital herpes; primary outbreak at time of labor • Hepatitis B; positive status • HIV; positive status • Rubella; anytime during pregnancy • Syphilis; positive status • Varicella; active at labor • Maternal infection postpartum (e.g., endometritis, sepsis, wound) requiring hospital treatment • 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

	<ul style="list-style-type: none"> • CMV • Toxoplasmosis
Isoimmunization	<ul style="list-style-type: none"> • Blood group incompatibility and/or Rh sensitization in current pregnancy
Labor management	<ul style="list-style-type: none"> • Induction; pharmacological • Lack of adequate progress in 2nd stage with cephalic presentation (no descent after a maximum of 3 hours of active pushing in cases with complete dilation and ruptured membranes)
Miscarriage/non-viable pregnancy	<ul style="list-style-type: none"> • Ectopic • Molar
Multiple gestations	<ul style="list-style-type: none"> • Multiple gestations
Perineal laceration or obstetric anal sphincter injury	<ul style="list-style-type: none"> • 3rd degree requiring hospital repair or beyond expertise of attendant • 4th degree • Enlarging hematoma
Placental Conditions	<ul style="list-style-type: none"> • Abruptio • Low lying with 2 cm or less of cervical os at the last ultrasound prior to start of labor • Previa • Retained placenta > 60 minutes • Vasa previa
Psychiatric Conditions	<ul style="list-style-type: none"> • Maternal mental illness requiring psychological or psychiatric intervention • Patient currently taking psychotropic medications
Substance Use	<ul style="list-style-type: none"> • Drug or alcohol misuse with high risk factor for adverse effects to fetal or maternal health
Umbilical cord	<ul style="list-style-type: none"> • Prolapse
Uterine Conditions	<ul style="list-style-type: none"> • Uterine inversion • Uterine rupture
	<ul style="list-style-type: none"> • Anatomic anomaly (e.g. bicornuate, large fibroid impacting delivery) • Uterine prolapse