Table I OAR 333-077-0125

MEDICAL HISTORY or OBSTETRIC HISTORY that Requires Transfer or Consultation

Conditions in red boxes indicate high-risk conditions that, when present on intake, 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.

Delivery history and uterine conditions	 Absence of ultrasound to rule out placenta previa or placental placement to the surgical site Conception occurred less than 12 months following surgery or uterine procedure History of a known uterine perforation History of cesarean section with classical incision History of cesarean section with complications including postoperative infection, diabetes, or steroid use History of myomectomy which invaded the endometrium History of two or more Cesareans sections without a prior successful vaginal delivery Hysterotomy, other than cesarean Uterine rupture
	Prior myomectomy
Diabetes mellitus	Type 1 or Type 2; currently requiring oral medication or insulin
Endocrine conditions	Significant endocrine conditions other than diabetes (e.g. hyperthyroidism)
Fetal demise/prior still birth	Prior unexplained stillbirth/neonatal death

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.

Effective Date: November 3, 2025

Hematologic disorders	Maternal bleeding disorder
	 Hemoglobinopathies History of postpartum hemorrhage requiring transfusion or other advanced treatment (e.g. Bakri balloon) History of thrombosis or thromboembolism
Hypertensive disorders	Eclampsia with eclamptic seizure
	HELLP SyndromePre-eclampsia requiring preterm birth
Infectious conditions	HIV; positive status
Neonatal encephalopathy in prior pregnancy	Neonatal encephalopathy in prior pregnancy
Perineal laceration or obstetric anal sphincter injury	Fourth-degree laceration without satisfactory functional recovery
Placental conditions	Placenta accretaPlacenta incretaPlacenta percreta
	Retained placenta requiring surgical removal
Psychiatric conditions	 History of postpartum mood disorder with high risk to the infant (e.g. psychosis) Schizophrenia, other psychotic disorders, bipolar I disorder or schizotypal disorders
Pulmonary disease	Chronic pulmonary disease (e.g. cystic fibrosis)
Renal disease	 Renal disease requiring supervision by a renal specialist Renal failure

Effective Date: November 3, 2025 Page **2** of **2**

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 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	 Hemorrhage (hypovolemia, shock, need for transfusion, vital sign instability)
	• Antepartum hemorrhage, recurrent in 2 nd or 3 rd trimester
Amniotic fluid	OligohydramniosPolyhydramnios
Amniotic membrane rupture	Before 36 weeks 0 days
	• Pre-labor rupture > 48 hours
Cancer	Active gynecologic cancer
Cardiovascular disease	Cardiovascular disease-causing functional impairment
Connective tissue disorders	 Any collagen-vascular disease Rheumatoid arthritis Systemic lupus erythematous Scleroderma
Fetal Growth	 Intrauterine growth restriction (IUGR) – fetal weight less than 5th percentile using ethnically- appropriate growth table, or concerning reduced growth velocity on ultrasound

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Effective date: November 3, 2025

	Uteroplacental insufficiency
	Inappropriate uterine growth (size-date discrepancy). An ultrasound read by a qualified physician constitutes a consultation.
Fetal monitoring or movement	Repetitive or persistent abnormal fetal heart rate pattern
Fetal presentation	BreechNon-cephalic
Gestational age	 Labor or premature rupture of membranes at <36 weeks 0 days Pregnancy ≥42 weeks (unless already in active labor at 41 weeks 6 days)
	Expected delivery date uncertain
Gestational diabetes	Requiring medication or uncontrolled
Hematologic conditions	 Hemoglobin < 8.5 g/dL at admission for labor Thrombocytopenia (platelets < 100,000) Thromboembolism, suspected or diagnosed Thrombosis, suspected or diagnosed
Hepatic disorders	Disorders including uncontrolled intrahepatic cholestasis of pregnancy or abnormal liver function tests
Hyperemesis gravidarum	Refractory hyperemesis gravidarum
Hypertensive disorders	 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	 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

Effective date: November 3, 2025 Page **2** of **3**

	CMVToxoplasmosis
Isoimmunization	Blood group incompatibility and/or Rh sensitization in current pregnancy
Labor management	 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	EctopicMolar
Multiple gestations	Multiple gestations
Perineal laceration or obstetric anal sphincter injury	 3rd degree requiring hospital repair or beyond expertise of attendant 4th degree Enlarging hematoma
Placental Conditions	 Abruption 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	 Maternal mental illness requiring psychological or psychiatric intervention Patient currently taking psychotropic medications
Substance Use	Drug or alcohol misuse with high risk factor for adverse effects to fetal or maternal health
Umbilical cord	• Prolapse
Uterine Conditions	Uterine inversionUterine rupture
	 Anatomic anomaly (e.g. bicornuate, large fibroid impacting delivery Uterine prolapse

Effective date: November 3, 2025 Page **3** of **3**

Table III OAR 333-077-0125

Condition of <u>NEWBORN AFTER DELIVERY</u> that Requires 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 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.

Apgar	• Low Apgar score < 5 at 5 minutes or < 7 at 10 minutes
Birth injury	Enlarging cephalohematoma
	Significant birth injury
	Excessive bruising
Blood glucose	Hyperglycemia unresponsive to treatment
	Hypoglycemia unresponsive to treatment
Congenital anomaly	Unexpected and life-threatening
	Expected and documented, life-threatening
Gastrointestinal	Emesis of fresh blood
	Persistent projectile or bilious vomiting
Infection	Evident or suspected infection
	 Persistent inability to maintain temperature between 97 to 100 degrees Fahrenheit or 36 to 37 degrees Celsius.
Neurological	Persistent, unexplained hypotoniaSeizures
Respiratory	Central Cyanosis
	Unresolved Pallor
	Heart rate less than 80 or greater than 160 (at rest) without improvement.
	 Persistent cardiac murmur Respiration rate greater than 100 within the first two
	hours postpartum, and greater than 80 thereafter, lasting more than one hour without improvement.
Weight	Weight less than 2,270 grams (five pounds)

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