

201 KAR 20:690. Licensed certified professional midwives transfer guidelines.

RELATES TO: KRS 314.400 – 314.414

STATUTORY AUTHORITY: KRS 314.131(1), 314.404, 314.414

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.404(3) requires the board to promulgate an administrative regulation to establish statewide requirements for licensed certified professional midwives and hospitals regarding the transfer of care from a licensed certified professional midwife to a hospital. KRS 314.414 authorizes the board to promulgate administrative regulations to implement the requirements developed by the transfer guidelines work group. This administrative regulation establishes requirements for licensed certified professional midwives regarding the transfer of care.

Section 1. (1) In the prenatal period, the LCPM shall provide information to the client about hospital care and procedures that may be necessary. The LCPM shall document that an emergency transfer plan has been developed with the client for hospital transfer should the need arise.

(2) The LCPM shall assess the status of the client, fetus, and newborn throughout the maternity care cycle and shall determine when a transfer is necessary pursuant to 201 KAR 20:670.

(3) The emergency transfer plan shall contain:

(a) The names and addresses of appropriate hospitals offering care for the birthing person or the newborn;

(b) Contact information for either:

1. a. A facility's preferred method of initiating communication to access care; or

b. If that communication is not obtainable, the publicly available information for the facility; or

2. A healthcare provider or practice group that will accept a client in a transfer;

(c) Approximate distance or estimated travel time to indicated hospitals; and

(d) EMS activation process or a description of a private transportation plan.

(4) The LCPM shall notify the receiving provider or hospital of:

(a) The incoming transfer;

(b) The reason for the transfer;

(c) A brief relevant clinical history;

(d) The planned mode of transport; and

(e) The expected time of arrival.

(5) The LCPM shall continue to provide routine or urgent care en route in coordination with any emergency services personnel and shall address the psychosocial needs of the client during the change of birth setting.

(6) Upon arrival at the hospital, the LCPM shall provide a verbal report, including details on the client's current health status and the need for urgent care. The LCPM shall also provide a legible copy of relevant prenatal and labor medical records.

(7) The LCPM shall transfer clinical responsibility to the hospital provider.

(8) If the client chooses, the LCPM may remain to provide continuous support. (46 Ky.R. 2177, 2795, 2903; eff. 7-29-2020)