

CLINICAL ELIGIBILITY: WOMEN & BABIES TRANSFERRING FROM NATIONAL WOMEN'S TO BIRTHCARE

Birthcare's intent is to support the staff at National Women's Health Service, by providing care for the women birthing within National Women's facilities.

PRIMARY BIRTHS

Women who have had a vaginal delivery and mother and baby are clinically safe to transfer should go to Birthcare. Most transfers of mothers and babies from NWH to Birthcare should be within 4 to 5 hours.

Mothers and babies who have been delayed for the following reasons may still transfer to Birthcare:

- Where review by the Secondary Care Service is required, either for the mother, or the baby.
- To enable the mother and baby to be reviewed by the Registrar during the morning ward round.

CAESARIAN BIRTHS OR SECONDARY CARE

Women who have had a caesarian section, or secondary care and are now stable, can transfer to Birthcare.

If you are unsure whether a mother or baby can be transferred please contact Birthcare and discuss this with the Customer Service Coordinator or Shift Coordinator – Tel. 374 0800. Your contact is welcomed.

Non-NZ resident women will be required to pay the full Birthcare schedule of fees (not subsidized by ADHB) on arrival for the planned length of stay.

BIRTHCARE ELIGIBILITY CRITERIA:

The clinical responsibility for deciding who will be eligible is made by the LMC or team clinician providing care at the birth or immediately postpartum.

In general all women and their babies who are clinically stable may transfer to Birthcare including:

- All vaginal births under primary care
- Caesarian section births
- Mothers and babies cared for by National Women's Community Midwifery Scheme

PAIN RELIEF AVAILABLE AT BIRTHCARE:

- M-Eslon Voltaren
- Sevredol Nurofen
- Tramadol Ponstan
- Tramadol SR Pethidine
- Panadol

Birthcare is able to access other pain relief medication prescribed as long as we are informed prior to transfer.

BIRTHCARE ACCEPTS WOMEN WHO HAVE:

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| <ul style="list-style-type: none"> • Intravenous lines • Intravenous antibiotics • Urinary indwelling catheters • Third degree tears (physiotherapist service on site at Birthcare) • Women under the Maternal Mental Health Service • Gestational diabetes (diet & testing only or oral medication) | <ul style="list-style-type: none"> • Stable hypertension (please send through their medication with them) • Multiple births • Breastfeeding challenges • Postpartum hemorrhage at birth and now stable • Adoption mothers for parentcraft • Been diagnosed as Hepatitis B Positive |
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BIRTHCARE ACCEPTS BABIES WHO HAVE:

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| <ul style="list-style-type: none"> • Slight jaundice (phototherapy is available at Birthcare) • Glucose monitoring of large for dates babies • Mothers who developed gestation diabetes (baby stable but requiring monitoring) | <ul style="list-style-type: none"> • Were born with intrauterine growth retardation (>2400gms) • Feeding challenges (after Paediatric assessment) • Babies of 36 weeks gestation, or more, requiring extra monitoring |
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