INPATIENT

	Consultation	Transfer
Cervical, 3rd degree, 4th degree, or other complex laceration	3rd degree - PRN 4th degree- X (unless privileged)	
Active genital herpes in labor		Transfer for cesarean
Asthma	PRN	
Chorioamnionitis	Consult	
Diabetes requiring insulin drip	PRN	
Fetal demise	PRN	
Maternal trauma	PRN	
Chronic hypertension (no meds)	PRN	
Gestational hypertension	PRN	
Pre-eclampsia without severe features	Consult	
Pre-eclampsia with severe features		Transfer
Multiple gestation		Transfer - At admission for delivery, Ob/Gyn will serve as the primary team. The primary or on-call Family Medicine team will be invited to assist in the care and delivery through the parameters and guidance of the Ob/Gyn team. -OB to write H&P & orders
Multiple or large (5-6 cm) uterine fibroids	PRN	
Non-reassuring fetal status	Consult	
Non-vertex	Consult	
Operative vaginal delivery	PRN	
Placenta previa (>28 weeks)		Transfer
Postpartum hemorrhage	PRN	
PPROM <34 weeks		Transfer, plan to transfer back to FM at 34+ weeks if vertex
Preterm labor <34 weeks	PRN	Transfer if admitted to antepartum, plan to transfer back to FM at 34 weeks
Previous classical Cesarean		Transfer for cesarean
Prolonged ROM (>18 hrs.)	Consult	
Protracted labor/ Arrest of labor	Consult	
Retained placenta >30 min.	Consult	
Hematologic disorder (i.e. Thromboembolic disease, von Willebrand disease)	Consult	
TOLAC	FYI: When Family Medicine is managing a TOLAC, Ob/Gyn is advised of status at AM safety rounds and admission	