

### Medical Consultation Plan (Certification of Use)

To be eligible for licensure as a traditional midwife, Minn. Stat. §147D.11 requires that an applicant develop a medical consultation plan, including an emergency plan. The plan must describe guidelines and under what conditions the plan is to be implemented for:

1. Transfer of care;
2. Documented medical consultation; and
3. Immediate transport to a hospital.

The conditions requiring the implementation of the Medical Consultation Plan must meet, at a minimum, the conditions established by the most current edition of the Minnesota Midwives Guild in the Standards of Care.

To simplify the application process and ensure that the Medical Consultation Plan requirements are met, a Medical Consultation Plan has been included in the application packet.

I certify that I will use the Medical Consultation Plan as provided in my application packet including the most current edition of the Minnesota Midwives Guild in the Standards of Care.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Consultation Plan

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ EDD \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Baby's Primary Care Provider \_\_\_\_\_

Nearest Hospital \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

This plan has been approved by (name of practice). Date: _____ Midwife's Signature: _____
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This plan has not been approved by (name of practice). Date: _____ Midwife's Signature: _____ Reasons: _____
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All midwives licensed by the State of Minnesota are required by law to have an “emergency transport plan” for every client under their care. The law in itself does not define what an “emergency” is. As part of the transport plan, when the situation may be life-threatening to the client or baby, call 911. Those types of situations/conditions may be, but are not limited to: suspected or known placental abruption, cord prolapse, hemorrhage not responding to treatment, suspected severe fetal distress determined by fetal heart tones, cardiac arrest, eclampsia/maternal convulsions, APGAR of 6 or less at 5 minutes and not improving, etc.

Most situations where a client needs to be at the hospital will occur during the intrapartum and immediate postpartum period. To review situations that would require transfer, please request a copy of the most current Minnesota Midwives' Guild Standards of Care or Minnesota Council of Certified Professional Midwives' (MCCPM) Indications for Consultation, Referral, and Transfer of Care in Out of Hospital (Home and Birth Center) Midwifery Practice.