MDS MEDIZINISCHER DIENST DES SPITZENVERBANDES BUND DER KRANKENKASSEN

GKV Spitzenverband

Update of allocation Criteria for out-of-hospital births in Germany

Overview of international catalogues on choice the of birth place covered by Social Security

Overview of how to cope with risks from identified catalogues

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
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1.	**social situation**			special social burdens	stress, e.g. life circumstances, migration background (A and B3, if necessary)			• lack of family support/peer support network • safeguarding of children and vulnerable persons			adverse socio-economic conditions (D) (O und BC)			
2.	**age**			pregnant under age 16					teenagers		age less than 14 years (C) (BC)			
3.	age										age less than 17 years or over 40 years (D) (BC)			
4.	age				maternel age (A, B1 and B3, if necessary)		age over 35 at booking (IA)	age over 40 at booking			age less than 17 years or over 35 years (D) (O)			

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5.	**toxic substances**		active substance misuse (1)	drug abuse	substance misuse (B3 and C)	use of hard drugs (heroin, methadone, cocaine, XTC, etc.) (C)	substance misuse (in pregnancy) (S)	substance misuse	suspected or known drug abuse	sctive substance abuse	significant use of drugs, alcohol or other substances with known or suspected teratogenicity or risk of associated complications (C) (O)	substance abuse/dependence	illicit drug dependency	
6.	toxic substances		alcohol dependency	alcohol abuse	alcohol misuse (B2 and C)	alcohol abuse (C)	alcohol dependency requiring assessment or treatment (in pregnancy) (S)	alcohol dependency requiring assessment or treatment			significant use of drugs, alcohol or other toxic substances (C) (BC)		alcohol dependency	current alcohol or drug misuse/dependency
7.	toxic substances		smoking > 20 cigarettes/day	more than 20 cig./dayg	nicotine dependency (A and B3, if necessary)		recreational drug use (IA)	recreational drug use		smoking > 10 cigarettes/day	cigarette smoking (D) (O and BC)			

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8.	**psyche/ trauma**					psychiatric disorders developing or diagnosed during pregnancy [severity of problems and opinion of the physician in charge] (C)	psychiatric disorder requiring current inpatient care (S)	psychiatric disorder requiring current in-hospital care	mental or psychosocial conditions		(significant) mental health concerns presenting or worsening during pregnancy (C) (O and BC)	psychiatric conditions that may affect intra- or postpartum care	extreme psychosocial issues	acute unstable psychosis
9.	psyche/ trauma				psychiatric disorders (according to severity: B1, B3 and/or C)	pre-existing psychiatric disorders (B)								other mental health condition, stable
10.	psyche/ trauma			special psychiatric burdens	eating disorders (A and B3, if necessary)		under current outpatient psychiatric care (IA)	under current outpatient psychiatric care			• history of trauma or sexual abuse (D) (BC) • history of serious psychological problems (D) (O and BC)		significant mental health issues requiring medication	depression and anxiety disorders

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11.	**weight**		obesity with compromised motility, BMI > 35 **before pregnancy**	obesity with BMI > 40	obesity with BMI > 35 (B1 and B3, if necessary)		BMI > 35 (S)	BMI > 35 (Cave: also in yellow!)	pregravid BMI > 30	BMI > 35	obesity (D) (O and BC)		BMI > 35 or weight > 100 kg	morbid obesity, BMI > 40
12.	weight		obesity with comor-bidities, BMI > 30 **before pregnancy**				BMI at booking of 30–35 kg/m² (IA)							BMI > 35
13.	**nutrition**				underweight with BMI < 19 (B1 and B3, if necessray)			BMI < 18 (Cave: also in yellow!)		BMI < 18	poor nutrition (D) (O und BC)			

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14.	**genetic disposition**		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		family history • chromosomal hereditary diseases (B2, if woman is affected B1 or C) • chronic diseases (B2) • lung embolism (B2) • sudden infant death (A and B3, if necessary) • praeclampsia (B1) • deep venous-thrombosis (B2)						family history of genetic disorders, hereditary disease or significant congenital anomalies (C) (BC)			• Marfansyndrom • any known genetic condition significant in pregnancy

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15.	**general diseases**		severe general disease, in cases where the physician in charge does not admit impediment (2)	severe diseases, either in the past or currently	systemic diseases (B2) • Lupus erythematodes • M. Cushing • antiphospholipid syndrome	systemic diseases and rare diseases (C)			medical diseases that can cause increased risks during birth	chronic diseases, that can influence the labor process and/or are expected to progress	(significant) current medical conditions that • may affect pregnancy or are exacerbated due to pregnancy (C) (O and BC) • are arising during pregnancy	substantial medical conditions that have required acute medical supervision during pregnancy and that could impact birth	any significant medical condition	
16.	severe diseases (e.g. cancer)				breast cancer (C)						history of significant medical illness (C) (BC)			malignancy

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17.	**general diseases** (medication)		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)	continous medication	• medication with neg. impact on current pregnancy? (B2) • misuse of medication (B2 and B3)	medication (B)				anti-coagulation treatment in pregnancy or planned after birth				
18.	general diseases (intolerance of anesthesia)	consultation: dertermine class of substance			intolerance of anesthesia (B2)									• previous anaesthetic difficulties • malignant hyperthermia or neuromuscular disease

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19.	**heart**	cardiologic assessment necessary in order to judge situation intrapartum pending consultant approval	**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)		cardiac diseases (B2)	a heart condition with haemodynamic compromise (C)	cardiovascular confirmed cardiac disease (S)	cardiovascular confirmed cardiac disease			cardiac disease (T) (O and BC)	cardiac disease		• mitral/aortic-stenosis • cardiac valve replacement • cardiomyopathy • ischaemic heart disease
20.	heart						cardiac disease without intrapartum implications (IA)	cardiac disease without intrapartum implications			cardiac condition (C) (BC)			• congenital cardiac disease • mitral/aortic-regurgitation • arrhythmia/palpitations; murmurs (green)

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21.	**hypertension**	**CR: see rows 154-160 for „toxemia“** AWMF LL 015/018 - Hypertensive Schwangerschaftserkrankungen: Diagnostik und Therapie / S1: treatment according to guideline demands presentation in hospital > 150/100	**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)		essential hyperension ≥ 140/90 mm Hg (B2)	hypertension (C)	cardiovascular: hypertensive disorders (S)	cardiovascular: hypertensive disorders						• hypertension: > 150/100 • pulmonary hypertension
22.	hypertension						blood pressure of 140 mm Hg or more systolic or 90 mm Hg or more diastolic on two occasions (IA)	blood pressure of 140 mm Hg or more systolic or 90 mm Hg or more diastolic on two occasions						hypertension: > 140/90 or on antihypertensive medication
23.	**kidneys**										renal disease (C) (BC)			• chronic proteinuria • renal abnormality or vesico-ureteric reflux

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24.	kidneys		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		kidney diseases (C)	renal function disorders (C)	renal • abnormal renal function (S) • renal disease requiring supervision by a renal specialist (S)	renal • abnormal renal function • renal disease requiring supervision by a renal specialist			• renal disease (T) (O) • renal disease with failure (T) (BC)			• glomerulo-nephritis • renal failure
25.	**uterus etc**.	location and size of fibroids should be examined before onset of labour	fibroids (2)		anomalies of the uterus or fibroids (B1)	obstetrically relevant fibroids (B)	fibroids (IA)	fibroids			uterine malformation or significant fibroids with potential impact on pregnancy (C) (O)	any significant pre-existing gynaecological disorder		• congenital abnormalities of the uterus • uterine fibroids • vaginal abnormality, e.g.septum
26.											known uterine malformations or fibroids (D) (O und BC)			

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				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
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27.	uterus etc	depending on dimensions of previous surgery, absolute criterion ≥ type III, as a deinfibulation will be necessary	female genital mutilation (definitions according WHO), type I und II after careful consideration ≥ type III: absolute criterion		genital circumcision (A, B1 and B3, if necessary)	female circumcision/female genital mutilation (B)		female circumcision					female genital cutting > Type 2B	female genital mutilation
28.	uterus etc	in case of cervical insufficiency obstetric consultation for potential cerclage in good time				cervical amputation (C)								
29.					cervical cone biopsy (B1)	cervical cone biopsy (B)	cone biopsy or large loop excision of the transformation zone (IA)	cone biopsy or large loop excision of the transformation zone						cervical surgery including cone biopsy
30.						cryo- and lis-treatment (A)								

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31.	uterus etc				abnormal PAP-smear (B1)	• abnormalities in cervical cytology (B) • cervix cytology ≥ PAP III (B)					abnormal cervical cytology requiring further evaluation (C) (O)			
32.	uterus etc		previuos uterine surgery (other than caesarean section) according to the following OPS-codes 5-681.1 excision of congenital septum, 5-681.2 myomectomy, 5-681.3 excision of other uterine tissue, 5-681.8 myomectomy without extended suturing (2)	previous uterine surgery	myomectomy (B1)						previous uterine surgery (myomectomy or hysterotomy) other than one documented low-segment cesarean section (C) (O and BC)			previous uterine surgery, e.g. prolapse

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33.	uterus etc	absolute criterion, if major gynaecological surgery	previuos uterine surgery (other than caesarean section) according to the following OPS-codes 5-681.9 myom-ectomy with extended suturing, 5-695 recon-struction of the uterus (e.g. after uterine rupture), 5-699 other surgery on uterus and parametria (e.g. uterine trans-plantation)(1)			myomectomy (C)	• myomectomy (S) • hysterotomy (S)	• myomectomy • hysterotomy (				any significant pre-existing gynaecological disorder		
34.	uterus etc					pelvic floor reconstruction (C)								

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35.	uterus etc	identical clinical description with different category, CR: see row 33 obstetric consultation, if impact on delivery					major gynaecological surgery (IA)	major gynaecological surgery						
36.	uterus etc	gynaecological consultation for control of location				IUD in situ (B)								
37.	**other organs**					DES-daughter[1] (B)								
38.	**vertebral disc**	obstetric consultation for mode of delivery, physiotherapy if necesscary				hernia of nucleus pulposus (recent) (C)								
39.						hernia of nucleus pulposus (B)								
40.	**immune system**	find out class of substances, exclusion in case of rechallenge or previous shock		allergies										
41.				history of unexplained / allergic shock										

[1] A medication during pregnancy wirh „diethylstilboestrol“ (**DES**) in the mother in order to prevent pregnancy loss can result in problems for the daughter (ectopia, pregnancy loss or premature birth), when she gets pregnant herself.

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42.	immune system		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		autoimmune diseases (B2) • M. Crohn • MS • M. Basedow • celiac disease		immune • systemic lupus erythematosus (S) • scleroderma (S)	immune • systemic lupus erythematosus • scleroderma						• SLE/connective tissue disorder • thrombophilia, in severe cases both also in orange
43.	immune system		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		organ transplant (B2)									organ transplant
44.	**diseases of connective tissue**	obstetric consultation: mode of delivery?, physiotherapy if necessary			• weakness of pelvic floor (B3) • incontinence (B1 and B3)		non-specific connective tissue disorders (IA)	nonspecific connective tissue disorders						

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45.	**endocrine disorders** (diabetes)	**guideline in Germany** (AWMF 057/023) regulation for quality of care in newborns demands a hospital of higher level	Insulin dependant diabetes (1)	diabetes mellitus	diabetes mellitus, type I (C, for evaluation and drug adjustment B2)	diabetes mellitus (C)	endocrine • diabetes (S)	endocrine • diabetes			pre-existing insulin-dependent diabetes mellitus (C) (BC)			
46.											insulin-dependent diabetes mellitus (T) (O)			pre-existing diabetes (insulin dependent or not)
47.	endocrine disorders (thyroid)		**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)		hyperthyroidism, for evaluation and drug adjustment(B2)	• hyperthyroidism with medication (C) • hyperthyroidism, positive TSH receptor antibodies (C)	endocrine • hyperthyroidism (S)	endocrine • hyperthyroidism • maternal thyrotoxicosis						hyperthyroidism
48.						thyroid disease with appropriate measurements (A)								
49.						hyperthyroidism (biochemically euthyroid) (A)								

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				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
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50.	endocrine disorders (thyroid)		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)			hypothyroidism and positive TSH receptor antibodies (C)								
51.	endocrine disorders (thyroid)				hypothyroidism, evaluation and drug adjustment (B2)	hypothyroidism (euthyroid) (A)	unstable hypothyroidism such that a change in treatment is required (IA)	unstable hypothyroidism such that a change in treatment is required						hypothyroidism
52.	endocrine disorders (hypophysis)													• hypopituitarism • prolactinoma • other known endocrine disorder significant in pregnancy

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53.	**infectious diseases**		basic rule for rows 53-66: disease in current pregnancy, as long as viral serology indicates active infection yellow after relevant contact, needs serology being discussed with consultant	• acute Herpes genitalis • acute condylomas	• rubella in current pregnancy (C) • fifth disease (C) • toxoplasmosis in current pregnancy (C) • cytomegalovirus in current pregnancy (C) • herpes genitalis (C)	• toxoplasmosis (C) • rubella (C) • cytomegalovirus (C) • herpes genitalis (primary infection) (C) • parvovirus infection (C)	• group B strepto-coccus with antibiotics in labour (S) • toxoplasmosis, treated (S) • active infection of chicken pox/ rubella/ genital herpes in the woman or baby (S)	• group B strepto-coccus with antibiotics in labour • toxoplasmosis, treated • active infection of chicken pox/ rubella/ genital herpes in the woman or baby	group B streptococci confirmated in the urine during pregnancy			active infection with genital herpes		active infection • CMV • toxoplasmosis • listeriosis • rubella • varicella • herpes genitalis (yellow)
54.	infectious diseases	no exclusion, if serological scar only			• rubella positive (A) • toxoplasmosis positive (A) • herpes labialis (A)	herpes labialis (A)								

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55.	infectious diseases (tuberculosis)		active tuberculosis		• tuberkulosis, active (B2) • tuberkulosis in current pregnancy (C)	tuberculosis, active (C)	tuberculosis under treatment (S)	tuberculosis under treatment				active infection with tuberculosis		tuberculosis, active
56.	infectious diseases (tuberculosis)	no exclusion, if safely healed			tuberkulose, inactive (A)	tuberculosis, inactive (A)								tuberculosis, contact
57.	infectious diseases (hepatitis)	consultation to assess status of infection			hepatitis A, B, C, D, E (B2)	hepatitis A, B, C, D or E (B)	hepatitis B/C with normal liver function tests (IA)	hepatitis B/C with normal liver function tests						hepatitis, acute or chronic active
58.	infectious diseases (hepatitis)	exclusion in favour of consultant treatment in case of avtive infection with hepatitis		acute hepatitis B			hepatitis B/C with abnormal liver function tests (S)	hepatitis B/C with abnormal liver function tests	hepatitis			active infection with hepatitis		hepatitis, active chronic on immuno-suppressants
59.	infectious diseases (hepatitis)		neonatal vaccination has to be guaranteed immediately after birth in HBs-Ag-positive women (1)	HbsAG positive	HBsAg positive (B2)	Hbs-Ag-carrier [in pregnancy] (A)								

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
60.	infectious diseases (varicella/ zoster)	consultation to assess status of infection			• varicella infec-tion (B1) • herpes zoster (B2)	varicella/zoster virus infection (B)								
61.	infectious diseases (syphilis)	consultation to assess status of infection: either consultant treatment or no exclusion, if serological scar only			syphilis, primary infection (C)	syphilis: primary infection (C)						active infection with syphilis		
62.				TPHA positive, i.e. status of infection has to be clarified in further tests	syphilis, untreated (C)	syphilis: positive serology but not yet treated (B)								syphilis
63.					syphilis, treated (B2)	syphilis (positive serology and treated) (A)								
64.	infectious diseases (HIV)	**guideline in Germany** (AWMF 055-002 S2k): treatment according to guideline demands	HIV-positive (1)	HIV	HIV positive (C)	HIV-infection (C)	carrier of/infected with HIV (S)	carrier of/infected with HIV	HIV		HIV positive status (T) (O)	active infection with HIV		HIV positive

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
65.	infectious diseases (HIV)	cooperation with HIV-center, treatment in a team with consultant participation, extensive controlls in pregnancy and vaginal delivery only, if HIV-RNA ≤ 50 copies/ml									HIV positive status (C) (BC)			
66.	infectious diseases (genital)	relative criterion, gynaecological treatment necessary			vaginal infections (C)						sexually transmitted infection requiring treatment (C) (O and BC)			
67.	infectious diseases (renal)	obstetric treatment due to risk of toxemia and premature birth			pyelonephritis (C)	pyelonephritis (C)								
68.	infectious diseases (bladder)	consultation, if antibiotics are necessary			urinary tract infection (B2)	recurrent urinary tract infections (B)					urinary tract infection unresponsive to therapy (C) (O and BC)			recurrent urinary tract infection
69.						urinary tract infection during pregnancy (A)								

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
70.	**breathing**		**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		chronic asthma (C)	asthma (C)	respiratory • asthma requiring an increase in treatment or hospital treatment (S) • cystic fibrosis (S)	respiratory • asthma requiring an increase in treatment or hospital treatment • cystic fibrosis						• severe asthma • cystic fibrosis
71.						lung function disorder/COPD (C)								
72.	**blood** (thrombosis**)**	consultation to assess inheritance: is the child affected? – if yes: exclusion		thrombotic diseases/clotting disorders in the family		haemoglobino-pathies (B)	haemoglobino-pathies – sickle-cell disease, beta-thalassaemia major (S)	haemoglobino-pathies – sickle-cell disease, beta-thalassaemia major			haemoglobino-pathies (C) (O and BC)	hemoglobinopathy		• sickle cell disease (orange) • thalassaemia
73.							• sickle-cell trait (IA) • thalassaemia trait (IA)	• sickle-cell trait • thalassaemia trait						

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
74.	blood		**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)								blood dyscrasia (C) (O and BC)			haemolytic anaemia
75.	blood (clotting disorders)	consultation for diagnostics absolute criterion for delivery, as often cause of maternal death, in case of bleeding blood substitutes will be necessary	clotting disorders (2)	bleeding disorders	clotting disorders (B2)	coagulation disorders (C)	• platelet disorder or low platelet count (S) • von Willebrand's disease (S) • bleeding dis-order in woman or baby (S)	• platelet disorder or low platelet count • von Willebrand's disease • bleeding dis-order in woman or baby			persistent thrombocytopenia (C) (O)			• bleeding disorders • thrombocyto-paenia
76.	blood (thrombo-embolism)	on oral/s.c. anticoagulation medication at the moment?	history of thromboembolism (2)	thromboembolic disease	history of deep venous thrombosis or lung embolism (B2)	deep-venous thrombosis/pul-monary embolism (B)	history of thromboembolic disorders (S)	history of thromboembolic disorders				thromboembolic disease		• thrombo-embolism • thrombophilia (yellow)

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
77.	blood (blood group incompatibility)	take row 79 for definition of exclusion criterion into account	evidence of blood group incompatibility (1)	indirect Coombs test positive	rhesus-incompatibility (C)	active blood group incompatibility (Rh, Kell, Duffy, Kidd (C)	atypical antibodies which carry a risk of haemolytic disease of the newborn (S)	atypical antibodies that carry a risk of haemolytic disease of the newborn		autoimmunization (rh or others)	isoimmunization (C) (O and BC)	rh isoimmunization		blood group antibodies
78.							atypical antibodies not putting the baby at risk of haemolytic disease (IA)	atypical antibodies not putting the baby at risk of haemolytic disease						
79.	**neurology** (history of cerebral haemorrhage)	risk of recurrence too high, absolute criterion	**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)			subarachnoid haemorrhage, aneurysm (C)	previous cerebrovascular accident (S)	previous cerebrovascular accident						arteriovenous malformation, cerebrovascular accident, TIA

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
80.	neurology (epilepsy)	consultation, if power is impaired or risk due to sleep deprivation: exclusion	**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)		epilepsy (B2)	• multiple sclerosis (B) • epilepsy, with medication (B)	neurological • epilepsy (S) • myasthenia gravis (S)	neurological • epilepsy • myasthenia gravis				epilepsy		• epilepsy, poor control • multiple sclerosis (yellow) • myasthenia gravis • spinal cord lesion • muscular or myotonic dystrophy
81.						epilepsy, without medication (A)								epilepsy, controlled
82.	neurology	no exclusion, if irrelevant for course of delivery			carpal tunnel-syndrome (B2)		neurological deficits (IA)	neurological deficits						
83.	**bones** (spine)	consultation: disproportion? MRT?		short stature under 1,50 m			spinal abnormalities (IA)	spinal abnormalities						
84.	bones (pelvis)		pelvic anomalies	anomalies of the skeleton	pelvic anomalies/ history of pelvic surgery (B1)	pelvic deformities (B)	previous fractured pelvis (IA)	previous fractured pelvis						

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
85.					pelvic instability (A and B3)	pelvic instability (complaints that started during the present pregnancy) (A)								
86.	**digestion**				heartburn (A and B2, if necessary)									cholelithiasis
87.	digestion (chronic abdominal diseases)	consultation to assess actual severity of disease	**<u>included in:</u>** severe general disease, in cases where the physician in charge does not admit impediment (2)		chronic abdominal diseases, e.g. M. Crohn, ulcerative colitis (B2)	inflammatory bowel disease including ulcerative colitis and Crohn's disease (C)	• Crohn's disease (IA) • ulcerative colitis (IA)	• Crohn's disease • ulcerative colitis						inflammatory bowel disease
88.	digestion (liver)	consultation to assess actual severity of disease					liver disease with normal liver function (IA)	liver disease with normal liver function						previous fatty liver in pregnancy

I.	general history	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decison to accept for antenatal care or during the course of pregnancy	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consulant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer to next hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
89.	digestion (liver)		**included in:** severe general disease, in cases where the physician in charge does not admit impediment (2)				liver disease with abnormal liver function tests (S)	liver disease with abnormal liver function tests						• cholestatis of pregnancy • esophageal-varices

II.	Pregnancy, specific history	Comment, cross-references (CR) within the overview table and references to guidelines or other regulation • concerns decisions during pregnancy care	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	CANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further consideration: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
		Hint: in rows 133 to 176 findings can be decreasing sometimes, e.g. retardation or placenta praevia in 25 weeks	**(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks**	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consultant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
			(1) Criteria, which exclude out of hospital births	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T) when stated in labour**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
90.	**for all with history of pregnancy**	**(concerns findings in rows 90 – 132)**			multipara > P V (B1 and B3, if necessary)	grand multiparity (parity > 5) (A)	para 4 or more (IA)	para 5 or more			grand multipara (para 5) (D) (O and BC)			
91.	pregnancy after fertility treatment/ artificial reproduction	no exclusion, think of reporting to ART-provider for IVF-registry			fertility treatment (B1 and B3, if necessary)	status following • subfertility treatment (A) • removal of the IUD (A)								
92.	blood group	take a look into the old record, antibody status? consultation to assess sensibilization		Rh-inkompatibility in previous pregnancy		ABO incompatibility (be on the alert for neonatal problems) (A)								alloimmune thrombocytopaenia (with risk to fetus)
93.	history of abortion	With the onset of labour the problem is overcome. An additional US at or around the date of the previous loss can help these women.			loss of pregnancy/abortion (A and B3, if necessary) or curettage (A or C)						history of one late miscarriage (after 14 completed weeks) or preterm birth (D) (O and BC)			termination of pregnancy

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		Hint: in rows 133 to 176 findings can be decreasing sometimes, e.g. retardation or placenta praevia in 25 weeks	**(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks**	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consultant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
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94.						[history of] habitual abortion (> 3 times) (when pregnancy is on-going) (A)					history of • ≥ 3 consecutive first-trimester abortions (C) • > 1 second-trimester abortion (C) (O and BC)			
95.	**tendency to premature birth** weight and other aspects in previously born children (history of…)	antenatal care in cooperation with consultant until 36 weeks are reached; with the onset of labour the problem is overcome			cervical insufficiency/ cerclage (C)	[history of] cervical insufficiency (and/or Shirodkar-procedure) (C)					history of cervical cerclage (C) (O and BC)			cervical incompetence
96.					preterm labour/preterm birth (B1 and B3, if necessary)	[history of] preterm birth (> 33 weeks) (secondary level care during pregnancy up to 37 weeks) (A)					history of > 1 preterm birth, or preterm birth less than 34+ 0 weeks (in most recent pregnancy) (C) (O and BC)			preterm birth, < 35 weeks

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97.	**tendency to premature birth**					[history of] preterm birth (< 37 weeks) in previous pregnancy (C)								
98.	history of dystrophia	antenatal care in cooperation with consultant, Doppler exam, in case of recurrant IUGR exclusion		history of dystrophia	dystrophia (B1)	[history of] fetal growth restriction (C)					history of > 1 small for gestational age infant (C) (O and BC)			IUGR
99.											history of one low birth weight infant (D) (O) history of one small for gestational age infant (D) (BC)			
100.	fetal asphyxia	take a look into the old record, consultation			fetal asphyxia (B1)	[history of] asphyxia, i.e. Apgar score < 7 (B)								
101.	malformation	take a look into the old record, consultation genetic counselling for risk of recurrence				[history of] child with congenital and/or hereditary disorder (B)								fetal congenital abnormality

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102.	baby > 4,5 kg	get old record on course of delivery, think of GDM			macrosomia (B1)		history of previous baby more than 4.5 kg (IA)	history of previous baby more than 4.5 kg			history of infant over 4500 g (D) (O and BC)			large for gestational age
103.	**interval/ duration of pregnancy**					[history of] post-term pregnancy (A)					less than 12 months from last delivery to present due date (D) (O and BC)			
104.	**toxemia**	consultation for Doppler exam **CR: for toxemia in actual pregnancy: also see row 154 to 160**	HELLP in previous pregnancy	history of HELLP, eclampsia, hypertension	• eclampsia (B1) • HELLP (B1)	[history of] (pre)-eclampsia/HELLP-syndrome in the previous pregnancy (B)	previous complications: • eclampsia (S) • pre-eclampsia requiring preterm birth (S)	previous complications: • eclampsia • pre-eclampsia requiring preterm birth			history of severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome (C) (O and BC)			severe hypertensive disease
105.					preeclampsia (C)		previous complications: pre-eclampsia developing at term (IA)	previous complications: pre-eclampsia developing at term						

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106.	**blood pressure**	consultation ≥ 140/100 **CR: also see rows 21/22**			pregnancy induced hypertension (B1)	[history of] pregnancy-induced hypertension (A)					history of essential or gestational hypertension (D) (O and BC)			
107.	**bleeding**	no exclusion, if previous blood loss kept within limits							previous complications that can cause increased risk during the following labour		previous antepartum hemorrhage (D) (O and BC)			
108.						[history of] postpartum haemorrhage as a result of episiotomy (A)			previous complications that can cause increased risk during the following labour		previous postpartum hemorrhage (D) (O and BC)		postpartum haemorrhage in excess of 1 litre	

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109.	bleeding		severe postpartum haemorrhage with hemodynamic effects in previous pregnancy (2)	complication p.p. in previous birth: uterine atony	Post partum haemorrhage • uterine atony (C) • retained placenta (C) • birth trauma/epi-siotomy (B1) • low platelet count (C)	• [history of] postpartum haemorrhage as a result of cervical tear (D) • [history of] postpartum haemorrhage, other causes (> 1000 cc) (D)	previous complications: primary postpartum haemorrhage requiring additional treatment or blood transfusion (S)	previous complications: Primary postpartum aemorrhage requiring additional treatment or blood transfusion		previous atonic postpartum haemorrhage estimated > 1000 ml	history of postpartum hemorrhage requiring transfusion (C) (BC)	primary postpartum haemorrhage requiring additional procedure		postpartum haemorrhage > 1000 ml
110.	**GDM**	screen for GDM in good time, consultation, if necessary if positive, go on with rows 150-152			gestational diabetes (B1)									
111.	**placenta**	US for actual placenta location			placenta praevia (B1)									
112.	**course of birth** (history of placental abruption)		placental abruption in previous pregnancy (2)	previous complications: placental abruption	placental abruption (C)	[history of] placental abruption (C)	previous complications: placental abruption with adverse outcome (S)	previous complications: placental abruption with adverse outcome						previous placental abruption

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113.							previous complications: placental abruption with good outcome (IA)	previous complications: placental abruption with good outcome						
114.	course of birth (history of manual removal of placenta)		manual removal of placenta (2)		manual removal of placenta (C)	[history of] manual removal of placenta (D)	previous complications: retained placenta requiring manual removal in theatre (S)	previous complications: retained placenta requiring manual removal	previous complications that can cause increased risk during the following labour					manual removal
115.	course of birth (history of shoulder dystocia)	get old record, consultation	shoulder dystocia in previous pregnancy (2)	previous complications: shoulder-dystocia	shoulder dystocia (B1)		previous complications: shoulder dystocia (S)	previous complications: shoulder dystocia		previous shoulder dystocia		shoulder dystocia with resulting injury	shoulder dystocia requiring internal manoeuvres	shoulder dystocia
116.	course of birth (history of perineal laceration)	get old record, consultation US? sphincter function?				[history of] fourth degree perineal laceration (C)	extensive vaginal, cervical, or third- or fourth-degree perineal trauma (IA)	extensive vaginal, cervical, or third- or fourth-degree perineal trauma						third or fourth degree tear

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117.	course of birth (history of caesarean section)	**CR: see row 119**			caesarean section • care in pregnancy (A) • care in childbed (A)	caesarean section (antenatal care) (A)								
118.	course of birth (history of caesarean section)			history of caesarean section with horizontal incision, spontaneous delivery thereafter	caesarean section • birth (C)	[history of] caesarean section: • referral to obstetrician at 37 weeks (C) • care during parturition (C)	previous complications: caesarean section (S)	previous complications: caesarean section	previous caesarean section	previous caesarean	one documented previous low segment cesarean section (D) (O and BC)	prior caesarean birth	caesarean section	caesarean section

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119.	course of birth (history of two caesarean sections)		history of two caesarean sections without following vaginal delivery (1)	history of caesarean section with longitudinal or T-incision							previous myomectomy, hysterotomy or cesarean section other than one documented previous low-segment cesarean section (C) (BC)			
120.	course of birth (history of uterine rupture)	yes, as reconstruction of uterus = major surgery	uterine rupture in previous pregnancy (1)		uterine rupture (B1)		previous complications: uterine rupture (S)	previous complications: uterine rupture						
121.	course of birth (history of disorders of placental implantation)	obstetric consultation for US exclusion, if the actual US cannot rule out the problem for sure **CR: see row 162**			disorders of placental implantation (plazenta accreta, increta, percreta) (C)	[history of] placenta accreta (C)								

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122.	history of vaginal surgery	get old record			vaginally operative termination of birth (A)	[history of] forceps or vacuum extraction (A)								
123.	**child (from previous pregnancy)**	get old record, assess risk of recurrence together with consultant	history of fetal demise or injured child by birth (2)	history of perinatal death or injured child	intrauterine fetal death / perinatal death (B1 and B3, if necessary)	[history of] perinatal death (B)	stillbirth/neonatal death with a known non-recurrent cause (IA)	stillbirth/neonatal death with a known non-recurrent cause			previous neonatal mortality or stillbirth (C) (BC)		perinatal death not related to preterm birth	perinatal death
124.							unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty (S)	unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty			previous neonatal mortality or stillbirth which likely impacts current pregnancy (C) (O)	previous stillbirth or neonatal death related to intrapartum event		
125.	child (from previous pregnancy)	get old record: no exclusion, if witout obstetric context			sudden infant death (A and B3, if necessary)									sudden unexplained death of an infant
126.	child (from previous pregnancy)	get old record, assess risk of recurrence together with consultant	history of fetal demise or injured child by birth (2)	history of birth injury			previous baby with neonatal encephalopathy (S)	previous baby with neonatal encephalopathy						

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		Hint: in rows 133 to 176 findings can be decreasing sometimes, e.g. retardation or placenta praevia in 25 weeks	**(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks**	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consultant.**	**medium risk = pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
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127.	child (from previous pregnancy)						previous term baby with jaundice requiring exchange transfusion (IA)	previous term baby with jaundice requiring exchange transfusion					neonate requiring intensive care for an unexplained reason	
128.					multiple birth (A and B3, if necessray)									
129.	**mother (in previous pregnancy)**	no exclusion, but counts as previous psychiatric condition **CR: see row 9** psychosomatic care may be sensible			postpartum psychosis (A and B3)	[history of] postpartum psychosis (A)								
130.					postpartum depression (A and B3, if necessary)	[history of] post partum depression (A)								
131.					traumatic birth experience (A and B3, if necessary)									
132.	mother (in previous pregnancy)	obstetric consultation to assess impact on mode of delivery **CR: see row 84**			symphyseal dehiscence (B1 and B3)	[history of] symphysis pubis dysfunction (A)								

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133.	**for all in this pregnancy** no antenatal care	**(findings from this row unwards until 176 also for women in their first pregnancy)** exclusion criterion, as the pregnant woman and the midwife should establish a good relationship until delivery! At least there should be time enough for thorough history and all serological investigations according to antenatal care regulation. Consultation for US			no antenatal care, woman shows up in third trimester (C)	no previous antenatal care. Attention to the home situation: psychosocial problems can lead to further consultation and a hospital delivery. (A)					no prenatal care before 28 (completed) weeks (D) (O und BC)			
134.	prenatal diagnostics	consultant's task			prenatal diagnostics (C)	antenatal investigations (C)							woman refusing morphological ultrasound	
135.	abdominal trauma	consultation, exclusion depending on damage pattern			trauma due to an accident (B2 or C)									• acute abdominal pain • abdominal trauma
136.	surgery in pregnancy	consultation, exclusion depending on wound healing and impact on delivery			surgery in pregnancy (B2 or C)	laparotomy during pregnancy (C)								
137.		obstetric treatment			seizures (N)									eclampsia

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138.	**implantation site**	not relevant (gynaecologist's task)			ectopic pregnancy (C)	ectopic pregnancy (C)					molar pregnancy (T) (O and BC)			trophoblastic disease
139.	**veins**		thrombosis in current pregnancy (1)		deep venous thrombosis (B2 and C, if necessary)						thrombophlebitis or suspected thromboembolism (C) (O and BC)			
140.	**blood**		therapy resistant anemia with Hb below 10g/dl (2)	moderate anaemia (< 10 g/dl) at onset of labour	anaemia with Hb < 10,5 – 11 g/dl after midwife-led therapy (B2)	anaemia (B)	anaemia – haemoglobin less than 85 g/litre at onset of labour (S)	anaemia – haemoglobin less than 10 g/dl at onset of labour		anemia < 9,5 g/dl	anemia (unresponsive to therapy) (C) (O and BC)			anaemia, Hb < 9,0 g/dl, not responding to treatment
141.							anaemia – haemoglobin 85–105 g/litre at onset of labour (IA)							
142.	**(un)certainty of due date**		overdue 42+0, in cases of certainty of due date (2)		uncertainty of due date / woman overdue (B1)	post-term pregnancy. This refers to amenorrhoea lasting longer than 294 days. (C)		post-term pregnancy: review by 40+10, home birth feasible to day 14 post-term	woman overdue/post-term pregnancy	gestation > 42 weeks	documented post-term pregnancy (≥ 42 completed weeks) (C) (BC)	postterm pregnancy more than 41 6/7 weeks	post-term pregnancy (≥ 42 completed weeks, ≥ 294 days)	prolonged pregnancy

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143.	(un)certainty of due date	41+0, +/- 2 days: consultant approval	uncertainty of due date, suspected overdue pregnancy, post term pregnancy (2)			uncertain duration of pregnancy by amenorrhoea > 22 weeks (B)					uncertain expected date of delivery (D) (O and BC)			
144.	**abortion**	not relevant (gynaecoligist's task,-currettage there)			miscarriage (C) septic abortion with DIC (N)						uncomplicated spontaneous abortion less than 12 completed weeks (D) (O)			
145.	**nausea**	consultation in case of weight loss and/or metabolic imbalance			• emesis gravidarum (A) • hyperemesis gravidarum (C)	hyperemesis gravidarum (C)					severe hyperemesis unresponsive to pharmacologic therapy (C) (O)			
146.	**bleeding**	not relevant (gynaecologist's task)			vaginal bleeding < 16+0 weeks (B1)						vaginal bleeding < 14+0 weeks (C) (O and BC)			

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147.	bleeding	consultation to find out cause of bleeding	bleedings in last trimester *of* pregnancy (1)	blood loss if caused by placenta obstetrician-led delivery room	• blood loss after 16 weeks (C) • bleeding from placental rim (B1)	blood loss after 16 weeks (C)	recurrent antepartum haemorrhage (S)	recurrent antepartum haemorrhage						antepartum haemorrhage
148.							antepartum bleeding of unknown origin (single episode after 24 weeks) (IA)	antepartum bleeding of unknown origin (single episode after 24 weeks)						
149.	bleeding	obstetric treatment necessary			preterm labour, cervical insufficiency, cerclage (C)									premature labour 34 - < 37 weeks

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150.	**diabetes in pregnancy**	AWMF LL 057-008 – Gestationsdiabetes / S3 sowie LL 024-006 – Betreuung von Neugeborenen diabetischer Mütter / S2k: pediatricians demand delivery in hospital for better glucose controll of the newborn	gestational diabetes (GDM) (2)	gestational diabetes (2 increased results in oGTT)	gestational diabetes with insulin (C)		onset of gestational diabetes (S)	onset of gestational diabetes	gestational diabetes	gestational diabetes	• insulin-dependent gestational diabetes (C) (BC) • GDM requiring pharmacologic treatment (T) (O) (orange)	insulin dependent diabetes or gestational diabetes requiring pharmacological management	• gestational diabetes requiring medication • woman refusing assessment for gestational diabetes	gestational diabetes, requiring insulin
151.					gestational diabetes, for evaluation and drug adjustment (B2)						gestational diabetes unresponsive to dietary treatment (C) (O)			
152.	diabetes in pregnancy	no exclusion, if regular controll of glucose is guaranteed			gestational diabetes,well controlled on diet (A and B1)	pregnancy-related carbohydrate intolerance (if blood sugar values < 7.5 mmol/l are maintained by diet alone (A)								gestational diabetes, well controlled on diet

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153.	**hypotension**			if without orthostatic problems										
154.	**toxemia**	needs treatment in hospital AWMF LL 015/018 - Hypertensive Schwangerschaftserkrankungen: Diagnostik und Therapie / S1	pregnancy induced hypertension, HELLP-syndrome (1)	toxemia/ eclampsia	superimposed gestosis, HELLP (C) preeclampsia with DIC or eclampsia with seizure (N)	pre-eclampsia, super-imposed pre-eclampsia, HELLP-syndrome (C)	pre-eclampsia or pregnancy-induced hypertension (S)	pre-eclampsia or pregnancy-induced hypertension	preeclampsia	pre-eclampsia	severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome (T) (O and BC)	preeclampsia	hypertension and/or pre-eclampsia	pre-eclamplsia
155.	toxemia	consultant co-treatment, presentation in hospital ≥ 150/100 according to guideline		Hypertension ≥ 140/90	gestational hyper-tension, diastolic pressure > 100 mm Hg (C)	diastolic blood pressure > 100 mm Hg (C)					gestational hypertension (C) (O and BC)	essential or gestational hypertension		gestational hypertension
156.	toxemia				gestational hyper-tension, diastolic pressure 95-100 mm Hg (B1)	diastolic blood pressure 95-100 mm Hg (B)								

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157.	toxemia	no exclusion, as long as monosymptomatic and diastolic pressure below 90-95 mm Hg			gestational hyper-tension, diastolic pressure 90-95 mm Hg (A)	pregnancy-induced hypertension (further explications in Bleker 2005, 4.28) (A)								
158.	toxemia	needs obstetric treatment		proteinuria 1 ‰ (1000 mg/l)										gestational proteinuria
159.				severe edema	edema with comorbidities(C)									
160.	toxemia	no exclusion, as long as monosymptomatic		moderate edema	edema without comorbidities (A, B2)									
161.	**pain**	presentation at consultant									pain which persists, worsens and/or is unresponsive to therapy within the midwife's scope of practice (C) (BC)			

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					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
162.	**placenta**	placental separation disorder to be expected strive for hospital delivery			disorders of placental implan-tation (plazenta accreta, increta, percreta) (C)								abnormal placentation	
163.	placenta	premature delivery in this case = emergency	placenta praevia (1)	placental abruption or placenta praevia	placenta praevia with bleeding or at onset of labour (C)	placental abruption (C)				placenta previa	placental abruption or symptomatic praevia (T) (O and BC)	• placental abruption • placenta praevia in the third trimester	placenta praevia	placenta praevia
164.	placenta	consultation in ordert o describe exact location of placenta, controll no exclusion, if finding is decreasing			placenta praevia in antenatal and childbed care (A)						• asymptomatic placenta praevia persistent into third trimester (C) (O and BC) • suspected placenta abruption and/or praevia (C) (BC)			

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165.	placenta	elective caesarean due to high risk of bleeding			vasa praevia (C)	vasa praevia (C)					vasa praevia (C) (O and BC)			vasa praevia
166.	**multiple pregnancy**	consultation for determination of chorinicity exclusion, if no obstetrician can be found, who agrees to assist in out-of-hospital setting hospital of higher level for higher order multiples according to regulation for quality of care in newborns!		multiple pregnancy	multiple pregnancy in antenatal and childbed care (A)	multiple pregnancy (C)			women carrying more than one fetus		twin pregnancy (C) (O and BC)	multiple gestation	multiple pregnancy	multiple pregnancy
167.											multiple pregnancy (other than twins) (T) (O and BC)			higher order multiples
168.	**fetal presentation**	presentation in hospital of choice for safety reasons, if no change until onset of labour **CR: see rows 204-207**			abnormal presentation at term (C)	abnormal presentation at term (including breech) (C)					presentation other than cephalic, at or near 38+0 weeks (C) (O and BC)		mal-presentation (other than cephalic)	malpresentation > 36 weeks
169.											presentation other than cephalic at 36 (completed) weeks (D) (O and BC)			

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170.	**amniotic fluid**	transfer indication, if labour does not get going	premature rupture of membranes, laboratory controll latest 24h after the event, induction of labour according to findings	prelabour rupture of membranes beyond 13 hours, according to findings of inflammation	(early) prelabour rupture of membranes (B1 or C)	pre-labour rupture of membranes (C)								prelabour rupture of membranes at term
171.	amniotic fluid	anomaly diagnostics, substitution of amniotic fluid?	hydramnios, oligohydramnios (2)	hydramnios, oligohydramnios	anhydramnios, oligohydramnios, polyhydramnios (C)		• ultrasound diagnosis of oligo-/poly-hydramnios (S) • suspected anhydramnios or polyhydramnios (T)	• ultrasound diagnosis of oligo-/poly-hydramnios			oligohydramnios or polyhydramnios (C) (O and BC)	• oligohydramnios with additional complicating factors • polyhydramnios	oligohydramnios or polyhydramnios	• oligohydramnios (yellow) • polyhydramnios • anhydramnios

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172.	**fetal growth/ uterus**	consultation (antenatal care regulation indicates Doppler) hospital of higher level according to regulation for quality of care in newborns	evidence of placental insufficiency (1)	(suspected) placental-insufficiency	• intrauterine growth retardation (C) • placental insufficiency with impending intrauterine asphyxia (N)	(evaluation of) negative size-date discrepancy (B)	• small for gestational age in this pregnancy (< fifth centile or reduced growth velocity on ultrasound) (S) • suspected fetal growth restriction (T)	• small for gestational age in this pregnancy (< fifth centile or reduced growth velocity on ultrasound)	IUGR	growth retardation < -24%	• evidence of intrauterine growth restriction (C) (O and BC) • evidence of uteroplacental insufficiency (C) (O)	fetal growth restriction < 5th percentile	• suspected fetal intrauterine growth restriction • suspected SGA	• IUGR • SGA
173.	fetal growth/ uterus	consultation for actual US joint counselling depending on finding, esp. for shoulder dystocia	suspected fetal macrosomia		macrosomia (C)	(evaluation of) positive size-date discrepancy (B)	clinical or ultrasound suspicion of macrosomia (IA)			macrosomia estimated ≥ 4500 g			suspected fetal macrosomia	infant large for gestational age
174.							suspected macrosomia (T)	clinical or ultrasound suspicion of macrosomia						

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175.	**fetal abnormalities**	relative criterion, needs presentation to obstetrician in hospital of choice, including pediatrician to discuss teratment necessity p.p. (if immediate intervention is necessary, highest level of hospital according to regulation for quality of care in newborns	malformations, if no immediate need for treatment (2)	fetal abnormality		antenatal investigations. Attention should paid to the risks of congenital abnormalities (C)	fetal abnormality (IA)	fetal abnormality		• known health problems • congenital anomalies of the fetus/baby	fetal anomaly that may require physician management (C) (O and BC)	congenital fetal anomalies requiring immediate assessment and/or management by a neonatal specialist	• fetal abnorma-lities that require paediatrist • need for the newborn to be hospitalised • current child protection concerns	fetal abnormality
176.	**fetal death**	counselling for case specific risks **CR: see also row 211 (intrapartum section)**			intrauterine fetal death (C)	dead fetus (C)	confirmed intrauterine death (S)	confirmed intrauterine death			intrauterine fetal demise (C) (O)			intrauterine death

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		as exclusion criterion relevant <u>at onset of labour</u> or <u>intrapartum</u> transfer indication (midwife's professional decision)	**(1) Criteria, which exclude out of hospital births**	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T) when stated in labour**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
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177.	**no antenatal care**	should be referred to hospital excluded in Germany, as without contact to a midwife (including antenatal care) until delivery, planning for out-of-hospital delivery will not be possible				birth with no prior antenatal care (C)					no prenatal care (D) (O and BC)			
178.	**child for adoption**	specific offer in out-of-hospital setting hints to psychosocial problems, needs cooperation with appropriate professionals **CR: see also rows 1 und 10 in pregnancy section**			baby for adoption (A, B1 and B3, if necessary)	baby for adoption. The prospective adoption often goes hand-in hand with psychosocial problems. This can lead to further consultation and a hospital delivery. (A)								
179.				maternal request										

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180.							• any risk factors that indicate obstetric led care (T) • reduced fetal movements in the last 24h (T)							confirmed reduced fetal movements
181.	**amniotic fluid**	exclusion, **if** thick green at onset of labour or early in first stage	meconium stained amniotic fluid (if "thick green" in early stage of dilatation, depending on parity)	meconium stained amniotic fluid	meconium stained amniotic fluid (C)	meconium-stained amniotic fluid (C)	presence of significant meconium (T)	presence of meconium (T)	meconium in amniotic fluid in early labour (T)	meconium stained amniotic fluid (T)	meconium (C) (BC)		meconium-stained liquor (T)	meconium liquor, moderate or thick
182.											non-particulate meconium (D) (O)			

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183.	**placenta**	exclusion, if present at onset of labour	placenta praevia (1)		placental abruption with vaginal bleeding or patholog. CTG (N)	placental abruption vasa praevia (C)	• placenta praevia (S) • placental abruption (S)	• placenta praevia • placental abruption			symptomatic placental abruption or previa or vasa previa (T) (O and BC)			
184.					cord presentation, repositionable (A)									

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185.	**cord**	transfer indication, if acute = emergency		prolapsed cord	• cord presen-tation, not repositionable (C) • missing blood vessles in cord (C) • tear of umbilicial cord (C) • prolapsed cord with impending intrauterine asphyxia (N)		• any abnormal presentation, including cord presentation (T) • obstetric emergency: cord prolapse (T)	obstetric emergency with intrapartum transfer: • cord presentation • cord prolapsed			prolapsed cord (T) (O and BC)			cord prolapse or presentation

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186.	**preterm labour**	exclusion **CR: see also following row 207**									preterm labour or PPROM less than 34 +0 weeks (T) (O and BC)			premature labour < 34 weeks
187.	In case of emergency = **unplanned delivery**, catalogue of exclusion criteria cannot be applied	exclusion, if not exception as described in row 206 in case of viable child transfer to hospital of corresponding level, in case of emergency = unplanned out-of-hospital birth, call emergency pediatrician	birth (orpremature rupture of membranes) before 37 + 0 weeks in cases of certainty of due date(1)	birth before 37 + 0 weeks	(impending) preterm birth (C)	• threat of or actual pre-term birth (C) • pre-term rupture of membranes (< 37 weeks' amenorrhoea) (C)	• preterm labour or preterm prelabour rupture of membranes (S) • rupture of membranes more than 24h before onset of labour (T)	• preterm labour or preterm pre-labour rupture of membranes • term pregnancy rupture of membranes for more than 18 hours (T)	before gestational week 37	gestation < 37 weeks	pre-term labour or preterm prelabour rupture of membranes (PPROM) between (34+0 – 36+6 weeks) (C) (O and BC)	active preterm labor or preterm, prelabor rupture of membranes	preterm labour < 37 weeks	preterm rupture of membranes < 37 weeks and not in labour

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188.		„premature birth" as in previous row 187, here with silent dilatation, i.e. no pain from labour (precipitate delivery)				cervical incompetence < 37 weeks (C)								
189.	**induction of labour**	a) exclusion yes, if drugs are needed b) exclusion no, if alternative procedures are possible (in this context castor-oil counts as allopathic medication)			no spontaneous onset of labour 24 h after premature rupture of membranes (C)		induction of labour (S)	Induction of labour	• ruptured water > 24 h without established contractions (T) • induction of labour	24 hours from membrane rupture, labor not progressing well (T)		need for pharmacological induction or augmentation of labor		• induction of labour • labour requiring syntocinon augmentation

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190.	**progress of labour**	no exclusion, as this finding develops intrapartum if no progress, delay in labour, think of transfer in good time	slow progress of labour	slow progress of labour: • 3 h without further dilatation in first stage of labour • 2 h fully dilated in second stage • intraprtum labour augmentation	• cervical dystocia (C) • failure to progress in first or second stage of labour (C)	failure to progress in the first stage of labour (B)	confirmed delay in the first stage of labour (T)	confirmed delay in the first or second stage of labour: intrapartum transfer	slow progress of labour during first (T)	prolonged labor, need for labor augmentation (T)	labour dystocia unresponsive to therapy (C) (O and BC)		• absence of progress in established labour (T) • active first stage of labour in excess of 18 hours (T)	• prolonged first stage of labour < 2 cm in 4 hours • hypertonic uterus
191.						failure to progress in second stage of labour (C)	confirmed delay in the second stage of labour (T)		or second stage (T)					prolonged active second stage of labour > 2 hours

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192.	disproportion	no exclusion, as this finding only shows up when fully dilated, maybe transfer, if no progress to second stage of labour, think of transfer in good time, because this problem often preceeds other anomalies of fetal presentation		absolute or relative cephalo-pelvic disproportion		failure of head to engage at term (B)	high or free-floating head in a nulli-parous woman (T)			expected cephalo-pelvic disproportion	unengaged head in active labour in nullipara (C) (BC)		failure of engagement of the fetal head despite labour (T)	obstructed labour
193.	shoulder dystocia	no exclusion, as this problem only appears intrapartum regular topic in emergency training		shoulder dystocia	shoulder dystocia (N)			shoulder dystocia (intrapartum transfer)					shoulder dystocia requiring internal rotational manoeuvres (T)	shoulder dystocia

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194.	pain	no exclusion, as this finding develops intrapartum If exceeding midwife-specific options = transfer and clinical pain treatment (e.g. peridural anaesthesia)		medical pain treatment, epidural analgesia	• medical pain treatment, not opiods (A) • opiods (C) • epidural analgesia (C)	analgesia (B)	• pain that differs from what is normally reported (T) • request by the woman for additional pain relief using regional analgesia (T)	• maternal request for medical pain relief: intrapartum transfer	need for medical pain treatment (T)	need for epidural analgesia (T)				• epidural • complications of anaesthetic • complications of other analgesia
195.	pulse	exclusion criterion at onset of labour, otherwise transfer indication					pulse over 120 beats/minute (T)							sustained maternal tachycardia

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196.	hypertension	exclusion yes and transfer indication respectively means monosymptomatic toxemia in this context (hypertension), if appears or derailment of well adjusted hypertension = transfer as well as if additional symptoms/findings of toxemia are present at onset of labour	pregnancy induced hypertension, HELLP-syndrome (1)				• single reading of diastolic blood pressure ≥ 110 mmHg or systolic blood pressure ≥ 160 mmHg (T) • diastolic blood pressure ≥ 90 mmHg or systolic blood pressure ≥ 140 mmHg on 2 consecutive readings or combined with 2+ of protein (T)	• diastolic blood pressure ≥ 90 mmHg or systolic blood pressure ≥ 140 mmHg combined with 2+ of protein or on 2 consecutive readings (T)			hypertension presenting during the course of labour (C) (O)			

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197.	HELLP	exclusion, as higher hospital level is needed, according to regulation for quality of care in newborns	pregnancy induced hypertension, HELLP-syndrome (1)	HELLP-syndrome	HELLP (C)						severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome (T) (O and BC)	gestational hypertension or preeclampsia (T)	hypertension and/or pre-eclampsia /eclampsia	
198.	**infection**	no exclusion, as this finding only develops intrapartum, then transfer if clinical symptoms appear = transfer	suspected intraamniotic infection (1)	suspected intraamniotic-infection				any indication of maternal infection (T)	suspected infection (T)		suspected intraamniotic infection (C) (O)	evidence of chorioamnionitis		
199.	infection	exclusion **CR: see row 53 in pregnancy section**									active genital herpes at time of labour or rupture of membranes (T) (O and BC)			

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200.	infection	no exclusion, as this finding only develops intrapartum, then transfer with fever > 38°C = transfer	fever > 38° C	intrapartum fever (> 38° C)	fever (C)	fever (C)	temperature of 38°C or above on a single reading or 37.5°C or above on 2 consecutive readings 1 hour apart (T)	temperature of 38°C or above on a single reading or 37.5°C or above on 2 consecutive readings 1 hour apart (T)		maternal fever in labor > 38°C (T)	temperature of 38°C or greater on more than one occasion (C) (BC)		evidence of infection or maternal temperature ≥ 38°C for 2 consecutive readings at least 2 hours apart (T)	pyrexia in labour > 38 degree
201.	**multiple birth**	Higher order multiples should be born in higher level hospital according to regulation for quality of care in newborns			multiple birth (C)		multiple birth (S)	multiple birth			multiple pregnancy (other than twins) (T) (O and BC)			

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					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
202.	multiple birth	**exclusion, exception for dichorial/diamniotic twins > 37 weeks only, if obstetrician is present** <u>CAVE:</u> high transfer rate and in spite of vaginal delivery of the first twin often the second twin needs a cesarean In study literature twins are generally excluded, so that in fact there are no data concerning outcome of multiples born out-of-hospital	subline in (2)b) of findings only as potential option in birth centers, if obstitrician is present *„Is presence of obstitrician is guaranteed intrapartum, breech delivery as well as birth if twins may be possible."*								twins (C) (O and BC)			

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				midwife	**A = midwife**	**A = Care provided by midwife/ GP**	**further considerations: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
			(2) Criteria for consultant approval, further diagnostics, team decision as well as explanation of special risks	**consultation**	**B = consultation: B1 gynaecologist B2 general practitioner B3 other medical profession**	**B = Consultation**	**The distinction of indications according to severity may involve a consultant.**	**medium risk =pending approval status, until approval by a consultant obstetrician assisted care pathway, birth in hospital**			**Consultation (C)**			**Consultation, may result in a transfer of clinical responsibility**
		as exclusion criterion relevant at onset of labour or intrapartum transfer indication (midwife's professional decision)	**(1) Criteria, which exclude out of hospital births**	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T) when stated in labour**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
203.	**fetal presentation**	exclusion, **except for high longitudinal position**, as this finding often shows up only intrapartum, then transfer amendment to high longitudinal position: if no progress to second stage, think of transfer in good time	transverse/ oblique lie (1)	transverse/ oblique lie and high longitudinal position	anomalies of presentation(C)		• malpresentation – (other than breech) or transverse lie (S) • transverse or oblique lie (T)	• malpresentation – (other than breech) or transverse lie, transfer, if diagnosed for the first time with onset of labour.	• fetus not in a vertex presentation: transverse • abnormal fetal lie/presenta-tion (T)	transverse or oblique lie	fetal presentation that cannot be delivered vaginally (T) (O)	malpresentation: breech, transverse lie – transfer, if just noticed intrapartum		• malpresentation • deep transverse arrest

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		as exclusion criterion relevant at onset of labour or intrapartum transfer indication (midwife's professional decision)	**(1) Criteria, which exclude out of hospital births**	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T) when stated in labour**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Contraindications for home births**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
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204.	fetal presentation	no exclusion, as this finding often shows up only intapartum, then transfer may be necessary if no progress to second stage, think of transfer in good time, because this problem often preceeds other anomalies of fetal presentation		• sinciput, face or brow presen-tation as well as other abnormal vertex presentation • rear occipital position or deep transverse arrest		abnormal presentation of the child (C)	any abnormal presentation, including cord presentation (T)		fetus not in a vertex presentation		abnormal presentation (other than breech) (T) (BC)			
205.	breech			breech			malpresentation – breech (S)	malpresentation – breech; transfer, if diagnosed for the first time with onset of labour	fetus not in a vertex presentation: breech	breech	breech presentation (C) (BC)	malpresentation: breech		breech diagnosed in labour

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206.	breech	no exclusion with corresponding contractual requirement in Germany if no progress to second stage, think of transfer in good time, as this finding often preceeds other problems CAVE: expected results = high transfer rates and second cesareans	subline in (2)b) of findings only as potential option in birth centers, if obstitrician is present *„Is presence of obstitrician is guaranteed intrapartum, breech delivery as well as birth if twins may be possible"*								breech or other malpresentation with potential to be delivered vaginally (C) (O)			
207.	fetal heart rate	no exclusion, but transfer indication, if problem appears and cannot be stabilized			suspicious CTG (B1)						abnormal fetal heart rate pattern (C) (O)			

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208.		immediately with out-of-hospital options (medication, procedures) transfer to next obstetric department as soon as possible	abnormal fetal heart rate	• pathological CTG or bad fetal heart rate on auscultation • abnormal CTG, with suspected cord complications • pathological findings in Doppler/oxytocin challenge test	• signs of fetal distress (C) • pathological CTG (C) • impending intrauterine asphyxia (N)	signs of fetal distress (C)	• abnormal fetal HR/Doppler studies (S) • fetal heart rate < 110 or > 160 beats/minute (T) • a deceleration heard on intermittent auscultation (T)	• abnormal fetal HR/Doppler studies • in case of abnormalities in CTG or fetal heart rate intra-partum transfer	• suspected or manifest fetal asphyxia (T) • other uncertain conditions regarding fetal heart beats (T)	fetal stress (T)	abnormal fetal heart rate pattern unresponsive to therapy (T) (BC)	• fetal intolerance of labor (T) • abnormal fetal heart rate pattern unresponsive to therapy + meconium (T)	• fetal heart rate abnormalities (T) • need for continuous electronic fetal heart rate monitoring (T)	• fetal heart rate abnormalities • abnormal CTG
209.	fetal blood-analysis	needs invasive procedure and is not performed in out-of-hospital obstetrics!		intrapartum acidosis										

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210.	instrumental vag. delivery	needs invasive procedure and is not performed in out-of-hospital obstetrics!												failed instrumental vaginal delivery
211.	**fetal death**	no transfer indication – with good progress not necessary, otherwise decision up to the midwife sentinel event, concentrate on maternal care and call in external help, if necessary (CAVE: forensic issues, witnesses) according to § 21 in personal status law, stillborns have tob e reported to civil registration in Germany		intrauterine fetal death	perinatal death of the child (C)	intrapartum fetal death (C)					• intrauterine fetal demise (C) (O) • intrauterine fetal demise that may require medical intervention during or immediately after delivery (C) (BC)			
212.	**intrapartum emergencies**: trauma/ haemorrhage/	no exclusion, but transfer indications, as according to German basic understanding of obstetrics all these findings from		impending/ occured uterine rupture	uterine rupture with pp bleeding or in case of predamage (N)						uterine rupture (T) (O and BC)			

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213.	embolism/ shock	international catalogues will always need an emergency transfer			uterine prolapse (C)						uterine prolapse (C)/or inversion (T) (O and BC)		uterine inversion or prolapse (T)	uterine inversion
214.							obstetric emergency: antepartum haemorrhage (T)	obstetric emergency: haemorrhage (T)	"rich" or abnormal bleeding (T)	abnormal hemorrhage (T)	hemorrhage unresponsive to therapy (T) (O and BC)	unexplained increased vaginal bleeding (T)	antepartum haemorrhage	
215.			pathological bleeding at onset of labour (1)	uterine bleedings	increased blood loss peripartally (C)	excessive bleeding during birth	any vaginal blood loss other than a show (T)						intrapartum haemorrhage	intrapartum haemorrhage
216.					DIC, e.g. in sepsis, shock, amniotic fluid embolism						obstetric shock (T) (BC)			• amniotic fluid embolism (obstetric) shock
217.					maternal resuscitation (N)									• cerebral anoxia • cardiac arrest

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		Hint: This section is about definition of findings for presentation and transfer		**midwife**	**A = midwife**	**A = Care provided by midwife/ GP**	**further considerations: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
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			(1) Transfer after out of hospital delivery	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Indications for transfer to service level A-B**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
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218.	**p.p. care, mother:** (psyche)	consultation, also transfer if necessary	maternal birth trauma or poatpartum psychosis		maternal birth trauma (B3)	psychosis (B)		concerns of psychological wellbeing			(significant) mental health concerns (C) (O and BC)			• post delivery neurological deficit or psychiatric disorder • neonatal death
219.											(T) for postpartum psychosis (O and BC)			
220.	p.p. care, mother: (functional disorders)		symphyseal dehiscence or urinary retention		symphysiolysis (B1 and B3)	symphyiolysis (B)					significant post-anesthesia complication (C) (O)		urinary retention	
221.	**p.p. transfer, mother:** (orthostatic regulation, fever)	transfer indications, sometimes also as emergencies	disorders of orthostatic regulation or fever > 38° C	disorders of orthostatic regulation	fever (C)		obstetric emergency: maternal collapse (T)	obstetric emergency: maternal collapse or pp problems (T)					maternal collapse (T	• pyrexia (yellow) • puerperal sepsis

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			(1) Transfer after out of hospital delivery	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Indications for transfer to service level A-B**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
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222.	p.p. transfer, mother: (seizures)		seizures		seizures (N)	eclampsia, HELLP-syndrome (C)	obstetric emergency: maternal seizure (T)	obstetric emergency: maternal seizure (T)			eclampsia (T) (O and BC)			
223.	p.p. transfer, mother: (haemorrhage)		haemorrhage > 500 ml	haemorrhage > 500 ml	severe pp haemorrhage or uterine atony (N)	postpartum haemorrhage (C)	obstetric emergency: postpartum haemorrhage (T)	postpartum haemorrhage (> 500 ml or with clinical deterioration) (T))			secondary postpartum hemorrhage (C) (O)			(secondary) postpartum haemorrhage > 500 ml or ongoing
224.									abnormal bleeding (T)		(T), if unresponsive to therapy (BC)	unresponsive postpartum haemorrhage	postpartum haemorrhage of 1 litre or greater	
225.	p.p. transfer, mother: (perineal surgery)		third or fourth degree perineal tear requiring surgical care / complicated birth injuries	• episiotomy or perineal tear • complicated birth trauma	• third or fourth degree perineal tear (C) • birth trauma with pp bleeding (N)	fourth degree perineal laceration (C)	third-degree or fourth-degree tear or other perineal trauma (T)	third-degree or fourth-degree tear / other complicated perineal trauma (T)	• perineal tear grade III or IV (T) • deep vaginal tear (T) • cervix tear (T)		third or fourth degree or peri-urethral laceration (C) (O and BC)	management of lacerations beyond the expertise of the attending midwife	third or fourth degree perineal tear (T)	• 3rd and 4th degree tear • cervical laceration • vaginal laceration (yellow)
226.						vulval haematoma (C)							large vulvar or paravaginal haematoma (T)	vulvar and perineal haematoma

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			(1) Transfer after out of hospital delivery	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Indications for transfer to service level A-B**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
227.	p.p. transfer, mother: (embolism)		deep venous thrombosis / suspected embolism			deep venous thrombosis (post partum) (C)		signs of thrombolic disease (post partum)			suspected embolus (T) (O and BC)		thrombophlebitis or thromboembolism (T)	
228.	p.p. transfer, mother: (placenta)	not suitable as exclusion criterion, as p.p., here transfer indication	retained or incomplete placenta	• retained placenta • incomplete placenta	retained placenta with incomplete separation/placenta not born 1 h pp (N)	retained placenta (C)	retained placenta (T)	retained or incomplete placenta (T)	retained placenta (T)		retained placenta (C) (O and BC)	retained placenta	retained or incomplete placenta	retained placenta
229.	**p.p. transfer, child:** (immaturity)	presentation to pediatrician, also transfer, if necessary	immaturity/ dystrophia	immaturity/ dystrophia							• 34+0 to 36+6 weeks (C) (O and BC) • Infant < 5th percentile in weight age (C) (O and BC)		low birth weight (< 2.500 g)	• preterm, < 35 weeks (T) • IUGR, Birthweight < 5th percentile • low birthweight, < 2000 g (T)
230.	p.p. transfer, child: (asphyxia)	transfer or emergency pediatrician, until he/she arrives resusicitation of the newborn by the midwife (duty for yearly training)	asphyxia (Apgar < 7 at 5 minutes) /hypoxia/cyanosis	asphyxia/ hypoxia/ cyanosis	APGAR < 7 at 5 minutes(C)			low Apgar, cyanosis, abnormal heart rate			APGAR < 7 at 10 minutes (T) (BC)		Apgar score < 7 at 5 minutes	severe infant depression at birth, e.g. Apgar score < 6 at 5 minutes

IV.	p.p. care	Comments, cross-references (CR) within the overview table and references to guidelines or other regulation • decisions after the child is born	GERMANY (Criteria for out of hospital births)	GERMANY (midwife-led delivery room)	AUSTRIA (primary care)	NETHERLANDS (Criteria for primary care)	ENGLAND (Criteria for home births)	IRELAND (Criteria for home births)	NORWAY (Guidelines for home birth)	ICELAND (Guidelines for Choice in Place of Birth)	KANADA (O) (BC) (Indications for Mandatory Discussion Consultation and Transfer)	USA (conditions indicating increased risk)	AUSTRALIA (South Australia) (Contraindications for planned birth at home)	NEW ZEALAND (Categories of referral)
		Hint: This section is about definition of findings for presentation and transfer		**midwife**	**A = midwife**	**A = Care provided by midwife/ GP**	**further considerations: other factors indicating individual assessment when planning place of birth (IA)**	**low risk = midwife care birth in birth center or at home**			**Discussion (D)**			**Primary: consultation or transfer of clinical responsibility**
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			(1) Transfer after out of hospital delivery	**obstetrician-led delivery room**	**C = Transfer C1 gynaecologist C2 general practitioner**	**C = Care provided by obstetrician**	**definite recommendation: (Medical conditions indicating increased risk suggesting planned birth at an obstetric unit (S) or transfer (T)**	**high risk = ineligible for home birth specialised care pathway, obstetric care, birth in perinatal unit or transfer thereto (T)**	**recommendation for birth in hospital**	**Indications for transfer to service level A-B**	**Transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Birth in hospital setting / intrapartum or postpartum transfer (T)**	**Transfer: specialist assumes ongoing clinical responsibility**
					emergency = immediate transfer ton ext hospital	**D = Care provided by midwife/GP, delivery in the hospital**								**Emergency: immediate transfer of clinical responsibility**
231.	p.p. transfer, child: (shock)		neonatal resuscitation	shock	resuscitation of the child (N)		obstetric emergency: neonatal resuscitation (T)	obstetric emergency: neonatal resuscitation (T)						
232.	p.p. transfer, child: (respiratory distress)		respiratory distress/meconium aspiration	respiratory distress	mekonium-aspiration (N)				respiration problems		prolonged positive pressure ventilation (PPV) or significant resuscitation (C) (O and BC)			• respiratory distress • apnoea
233.	p.p. transfer, child: (problems with adaptation)		disorders of adaptation	problems with adaptation	problems with adaptation (C)			respiratory symptoms, fits, jitteriness, lethargy and other abnormalities	suspected disease (T)	neonatal health problem (T)				neonatal health problems, according to severity also orange
234.	p.p. transfer, child: (seizures)		seizures								suspected seizures (T) (BC)	unstable health status (T)	• abnormalities in neonatal-surveillance (T) • vomiting (T) • seizures (T)	convulsions or unresponsiveness

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235.	p.p. transfer, child: (metabolic dosorders)	exclusion criterion, if known before onset of labour and immediate clinical care is mandatory; otherwise transfer or presentation to pediatrician with decision up to the midwife	hypoglycemia	metabolic disorders (e.g. hypoglycemia)							hypoglycemia/ hyperglycemia (C) (O)			
236.	p.p. transfer, child: (injuries)		injuries/paresis	injuries/ fractures/ paresis					trauma or fracture		significant birth trauma/injury (C)		excessive bruising, abrasions, unusual pigmentation and/or lesions	birth injury
237.	p.p. transfer, child: (exam of prenatal risks)										in utero exposure to significant drugs, alcohol, or other substances with known or suspected teratogenicity (C) (O and BC)			• maternal substance misuse • risky maternal medication (green) • risks in maternal/family history

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238.	p.p. transfer, child: (exam of prenatal risks)										• p.p. follow up of prenatal US-findings (C) (O) • anomaly of umbilicial cord vessels (C) (O and BC)			fetal ultrasound abnormality
239.	p.p. transfer, child: (genetic anomaly, mal-formation)		chromosomal anomalies or (other) multiple malformations	• chromosomal-anomalies • (other) multiple malformations				congenital or genetic abnormality	malformations (T)	congenital abnormality	congenital anomalies or suspected syndromes (C) (O and BC)		congenital abnormalities (T)	congenital anomalies
240.											(T), if requiring immediate medical intervention (O and BC)			
241.	p.p. transfer, child: (organ anomaly)		organ specific anomalies (an/hydrocephalus)	organ specific anomaly (an/hydrocephalus)	abnormalities on first examination (C)			suspected organ-spezific anomalies						abnormal neonatal examination
242.				hernias										inguinal hernia

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243.	p.p. transfer, child: (moulding)		biomechanical moulding	biomechanical moulding							excessive moulding/cephalo-hematoma (D) (BC)		excessive moulding and/or cephal-haematoma (T)	congenital hip or foot problem

References:
Germany: Update of the catalogue of criteria from supplement 1 to amendment 3 of the contract according to § 134a Social Security Statute Book V on midwife care between midwives'associations and the Statutory Health Insurance Funds Association (regarding sections I to III), effective from 01.04.2020
Germany: Handbuch Hebammenkreißsaal, Herausgeber: Verbund Hebammenforschung, Osnabrück 2007
Austria: Österreichischer Hebammen Indikationenkatalog für Konsultation und Überweisung, Österreichisches Hebammengremium, 1. Auflage 2014
Netherlands: Bleker et al. (2005)
England: NICE (2014)
Ireland: Midwifery Practice Guidelines, Health Service Executive Home Birth Service, 1. edition 2016, revised 2017
Norway: personal written informations from Dr. Ellen Blix, Faculty of Health Sciences, Oslo and Akershus University College of Applied Sciences, Oslo, mails from 11./12.3.2019
Iceland: personal written informations from Berglind Halfdansdottir, Assistant Professor of Midwifery, Faculty of Nursing, School of Health Sciences, University of Iceland, mail from 7.3.2019
Canada: College of Midwives of Ontario (2000), and College of Midwives of British Columbia (2015)
USA: American College of Nurse-Midwives (2015), Midwifery Provision of Home Birth Services
Australia: Planned Birth at Home in SA (2018), Clinical Directive
New Zealand: Ministry of Health (2012), Guidelines for Consultation with Obstetric and Related Medical Services