

## Let's Talk About a Common Question We Hear at Consultations:

### “What’s your transfer rate?”

It’s a valid question—but one that deserves deeper reflection before asking. *What* exactly are you referring to?

- Are you asking about **emergency transfers**, when an ambulance is called?
- Are you talking about **non-emergent but medically indicated transfers**, where the midwife recommends hospital birth for safety?
- Or are you including **client-led transfers**, when a birthing person chooses to go to the hospital for rest, pain relief, or other personal reasons?

Transfers aren't always black and white. They usually stem from a **thoughtful, team-based discussion** involving the midwife, the client, and sometimes support people. For non-emergency transfers, it’s rarely just one factor. It could be a combination of exhaustion, inability to keep down food, a low-grade fever, or changes in baby’s heart tones despite all efforts to stabilize them at home.

Informed choice and client autonomy are always at the center of the process. A skilled midwife isn’t simply “making the call”—they’re supporting a client in making the best decision based on the current situation and up-to-date clinical guidance.

### A Few Things to Consider:

- **First-time parents** are more likely to transfer—not because something is wrong, but because their births can be longer and more complex. “Maternal exhaustion” is the #1 reason for non-emergent transfers. That’s why midwives invest time during prenatal care in **education and preparation**, so clients understand their options and the realities of labor.
- **Most transfers are non-emergent.**
- **Most are collaborative decisions.**
- **Most are smooth and professionally handled.**

And in nearly all cases, midwives continue to provide postpartum care and newborn visits even after a hospital transfer—because the relationship doesn’t end with a change in location.

### Let’s Also Talk About Timing:

- **Antepartum transfer** – during pregnancy, due to medical or personal reasons.
  - **Intrapartum transfer** – during labor or birth.
  - **Postpartum transfer** – after baby and placenta are born.
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Here's how Certified Nurse Midwife Carolyn Denning puts it:

“While ‘home birth complications’ can sound intimidating, it’s important to remember that midwives are skilled at recognizing and managing challenges long before they become emergencies. Most issues can be addressed at home, but if a higher level of care is needed, we have the training and resources to make transfers smooth and safe.”

“When a transfer happens, remember—it’s not a failure. It’s a brave, wise choice to use the available tools for the best interest of mom and baby. And we’re there every step of the way, ensuring families feel supported, heard, and cared for.”

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**Bottom line:** Don’t be afraid to ask about transfer rates—but dig deeper. Ask how those numbers break down. Ask what communication, support, and continuity of care look like. A transparent, informed conversation is the best place to start when choosing your birth team.