

Ochsner Baptist Perkin Alternative Birthing Center

Admission Guidelines

The Perkin Alternative Birthing Center (Perkin ABC) at Ochsner Baptist provides holistic, family-centered care. We believe pregnancy is a natural, normal event in the life of a family.

We are committed to ensuring the safety of all who labor and deliver with us. Our staff follows the expert recommendations of the American College of Nurse-Midwives, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. Only patients considered low risk and who follow certain guidelines are admitted.

For your safety and the safety of your baby, to be admitted to Perkin ABC you must:

- Be cared for by a Certified Nurse-Midwife (CNM) who has obstetrical privileges at Ochsner Baptist and works in a collaborative practice with a Board Certified or Board-eligible doctor.
- Remain low risk throughout the pregnancy and during labor
- Consistently follow prenatal care guidelines and keep all prenatal visits
- Be in active labor
- Agree to maternal and fetal vital sign monitoring (following the standards of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN))
- Agree that you will not receive labor-inducing drugs (Pitocin®, Cytotec®), epidural anesthesia, or other pain medications (These are available in the Labor and Delivery unit of the hospital, if needed or requested.)
- Only allow siblings in the birthing room when an adult can focus solely on supervising them (Non-laboring parents or family members cannot watch siblings and participate in the birth at the same time.)
- Consent to immediate transfer to the Labor and Delivery unit if the nurse-midwife, doctor or nursing staff decide it is necessary
- Agree that a provider may ask that family members or visitors step out of the birthing room if they feel it is necessary for your or your baby's well-being



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Transferring to another unit

Your provider may identify health concerns that mean you need care beyond that available in Perkin ABC. This could happen during labor or after birth. If your provider feels this is necessary for your or your baby's health and safety, you will be transferred to the Labor and Delivery unit or the Post-Partum unit after delivery.

Some examples of when this may happen are listed below. There may be others that also require you to be transferred to the Labor and Delivery or Post-Partum unit.

- Pre-term labor (less than 37 weeks)
- Post-term labor (42 weeks or more)
- Your water breaks more than 18 hours before labor begins and you are not in active labor (Premature rupture of membranes, or PROM)
- Your water breaks before your pregnancy reaches 37 weeks (pre-term premature rupture of membranes, or PPRM)
- Presence of meconium-stained fluid
- Your baby presents in an unusual position, such as a breech position (buttocks or feet first), face presentation (chin first), transverse presentation, (baby lies sideways across the birth canal)
- Your baby shows changes in heart rate that could signal a complication (non-reassuring fetal heart rate)
- Your baby is expected to weigh less than 6 pounds or more than 9 pounds 14 ounces at birth
- You have high blood pressure during pregnancy, labor, or after birth and/or you have pre-eclampsia or elevated blood pressure before 20 weeks of pregnancy
- Complications of the placenta, such as placenta previa, placenta accreta
- Umbilical cord prolapse
- Low or excessive amniotic fluid (oligohydramnios, polyhydramnios)
- You don't progress in labor as you should, such as prolonged pushing or your placenta has not delivered within 30 minutes of birth
- Unusual bleeding before labor, during labor, or after birth
- Diabetes or kidney disease (pre-existing or pregnancy-related)
- Bleeding disorder, blood disorder, or a history of post-partum hemorrhage
- Pre-pregnancy Body Mass Index (BMI) over 40 or excess weight gain during pregnancy
- Blood infection, such as HIV, active sexually transmitted infection (STI), or other active infectious disease
- Current alcohol, drug or other substance use
- Symptoms of infection, including maternal fever over 100.4 F before, during, or after delivery
- A condition that requires more than 24 hours of observation after birth for either the mother or baby
- High-risk pregnancy as determined by your provider and/or fetal anomaly that requires immediate medical attention
- History of shoulder dystocia (baby's shoulder becomes stuck on mother's pubic bone during delivery)
- Any condition that could prevent vaginal delivery



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