



PROCEDURE

Registered Nurse (RN) – When Registered Midwife (RM) reports a home birth in progress, record information below; ✓ check if delivered.

Date/Time	RN taking call	RM name	RM pager/cell #	RM informed of onsite OBs/Peds: <input type="checkbox"/> (incl. next shift)

Client Name	Parity	Status at time of call	Delivered: Home <input type="checkbox"/> Hospital <input type="checkbox"/>

If emergency transport occurs, fill out remainder of form:

Transfer of Mother: Intrapartum Postpartum Newborn

Date/Time	1. Notification of Emergency
	Call to BC Women's Charge Nurse (CN) (name):
	Request by RM to speak with consulting physician(s) (name):
	Verbal report to consulting physician by CN (name):
	Preadmission records prepared/pulled

Problems or concerns:

Date/Time	2. Emergency Transport and Admission
	Ambulance arrived at hospital: <input type="checkbox"/> RM on board
	Mother admitted to: <input type="checkbox"/> Delivery Suite <input type="checkbox"/> Assessment Room <input type="checkbox"/> Other
	Newborn admitted: <input type="checkbox"/> to IN <input type="checkbox"/> to NICU <input type="checkbox"/> with mother <input type="checkbox"/> Not applicable <small>IN = Intermediate Nursery NICU = Neonatal Intensive Care Unit Nursery</small>

Problems or concerns:

Date/Time	3. Comments
	For extensive comments please use a separate page. This form is intended for tracking the responsiveness and efficiency of emergency transports. As such, it is neither necessary nor advisable to include a clinical description of the emergency events.

Date/Time	4. Follow-Up
	Fax this form to Department of Midwifery: 604-875-3261 within 12 hours

This form is for the sole use of the intended recipient(s) and contains confidential and privileged information. Any unauthorized use, disclosure or distribution is prohibited. If you are not the intended recipient please contact the sender and destroy all copies.

Charge Nurse Signature: _____ Date: _____

Back to [Emergency Transfer of Mother/Baby](#)