



# EMERGENCY TRANSFER CARE PLAN

## ROSEWATER MIDWIFERY

### *Information and Background*

In the event of a transport, emergent or non-emergent during labor or birth it is important to have an emergency care plan attached to your client records for safe, smooth and efficient communication between medical teams. The information provided below should be filled out and returned to your midwife by your **36th week of pregnancy**.

### CLIENT INFORMATION:

**CLIENT NAME+PRONOUNS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARTNER NAME+PRONOUNS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**OTHER SUPPORT TEAM MEMBER NAME(S)+ROLES:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS OF BIRTHING LOCATION:** \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT BIRTHING LOCATION:** For example, landmarks, color of building/home  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION:

**RELEVANT MEDICAL INFORMATION PERTAINING TO THIS PREGNANCY:** \_\_\_\_\_

**BOOD TYPE:** \_\_\_\_\_ **DUE DATE:** \_\_\_\_\_ **GESTATIONAL DIABETES STATUS:** \_\_\_\_\_ **GROUP B STREP STATUS:** \_\_\_\_\_

**PRIMARY CARE PROVIDER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PEDITRICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PREFERRED HOSPITAL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CLOSEST HOSPITAL (IF DIFFERENT):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### LOGISTICAL INFORMATION:

**NAME OF EMERGENCY CHILD OR PET CARE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**OTHER IMPORTANT LOGISTICAL INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNING BELOW INDICATES THAT YOU HAVE DISCUSSED WITH YOUR MIDWIFE THE ABOVE INFORMATION PERTAINING TO AN EMERGENT AND NON-EMERGENT TRANSPORT.

**CLIENT NAME (PRINT):** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MIDWIFE NAME (PRINT):** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_