



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

## Licensing Program

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Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

October 15, 2018

To: California Medical Facilities

Subject: Licensed Midwife Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting

This letter is to inform you of the requirement of reporting transfers by a licensed midwife of a planned out-of-hospital birth to a hospital.

Pursuant to Business and Professions Code (BPC) section 2507(c)(1) if at any point during pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife shall immediately refer or transfer the client to a physician and surgeon. The licensed midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.

BPC section 2510 requires California medical facilities to report each transfer of a planned out-of-hospital birth to the Medical Board of California (Board) and to the California Maternal Quality Care Collaborative using a standardized form developed by the Board. This form is available on the Board's website at [http://www.mbc.ca.gov/Forms/Licensees/midwives\\_out-of-hospital\\_delivery.pdf](http://www.mbc.ca.gov/Forms/Licensees/midwives_out-of-hospital_delivery.pdf) and is required to be completed and submitted to the Board to fulfill the reporting requirements. Further, the law requires that if a client is transferred to a hospital, the licensed midwife shall provide records, including prenatal records, and speak with the receiving physician and surgeon about labor up to the point of the transfer.

Should you have further questions, please contact the Board's Chief of Licensing, April Alameda, at telephone number (916) 263-2348, or via e-mail at [april.alameda@mbc.ca.gov](mailto:april.alameda@mbc.ca.gov).

Enclosures: Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form  
BPC 2507 and 2510



**MEDICAL BOARD OF CALIFORNIA**  
Executive Office



**Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form**

Business and Professions Code section 2510 requires a hospital to report each transfer by a licensed midwife of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative. **The hospital must complete this form and submit as follows:**

- **Send** the full completed form to: Medical Board of California, Attn: Licensed Midwifery Program, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 **or fax** to (916) 263-8936; **and**
- **Send a copy of page one only** to: California Maternal Quality Care Collaborative, Medical School Office Building, 1265 Welch Road, MS 5415, Stanford, CA 94305 **or fax** to (650) 721-5751.

<b>Hospital and Admission Information</b>	
Hospital Name: _____	
Hospital Address: _____	
Date of Admission: _____	Time of Admission: _____
Name of Healthcare Provider Assuming Care: (first, middle, last) _____	License Type and Number: _____
Person(s) admitted: <input type="checkbox"/> Pregnant Mother <input type="checkbox"/> Delivered Mother <input type="checkbox"/> Newborn(s)	
Patient *Pre-Registered at this hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient was Pre-Registered at another hospital	
Name of other hospital: _____	
*Pre-Registered means the mother had been previously registered at the hospital for possible delivery.	
<b>Transport/Transfer Information</b>	
Reason for transfer: _____	
Name of licensed midwife treating patient prior to transfer: (first, middle, last) _____	License Number: _____
Licensed midwife called in to report transfer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed midwife arrived with patient: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed midwife provided hospital with medical records, including prenatal records: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed midwife spoke with and provided report to physician regarding care up to the point of transfer: _____	<input type="checkbox"/> Yes (provide name and license below) <input type="checkbox"/> No (provide reason below)
If yes, name of physician information was provided to by the licensed midwife: (first, middle, last) _____	License Number: _____
If no, reason no report was given: <input type="checkbox"/> Physician Unavailable <input type="checkbox"/> Licensed Midwife Unavailable <input type="checkbox"/> Other: _____	

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Patient Name: (First, Middle, Last)

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**THIS PAGE SHOULD ONLY BE SUBMITTED TO THE  
MEDICAL BOARD OF CALIFORNIA**

**DO NOT SUBMIT THIS PAGE TO THE CALIFORNIA  
MATERNAL QUALITY CARE COLLABORATIVE**

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