

BUSINESS AND PROFESSIONS CODE - BPC

2510.

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. The hospital shall report each transfer of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative using a standardized form developed by the board.

**Transfer of planned out-of-hospital delivery to hospital
Hospital Report Form**

Transport and Admission

Date/Time of Admission: _____ Patient initials: _____

Hospital name and city: _____

Midwife calling in report: _____

Report called to: _____

Physician assuming care: _____

Person(s) admitted: Pregnant Delivered mother Newborn(s)

Method of transport: Ambulance Private car Cab Other: _____

Reason for transport: _____

Admitting diagnosis: _____

Midwife arrives with patient: Y N

Midwife stays with patient: Y N

Verbal handoff from midwife to physician: Y N Name of midwife: _____

Patient preregistered at hospital: Y N Name of hospital: _____

Maternal/Fetal History and Admission Assessment

Prenatal care: Y N Concurrent care: Y N Prenatal records with patient: Y N N/A

G/P: _____ GBS status: + - unk SVE: _____ N/A

Significant history and risk factors: _____

Patient vital signs on admission-BP, T, RR, HR: _____

Induction/augmentation of labor: Y N Method: _____

Gestational age: _____ Determined by (method): _____

FHR tracing on admission: _____ Category: I II III N/A

Multiple gestation: Y N Number: Twins Triplets Other: _____

Fetal position on admission: Cephalic Breech Transverse Other: _____

Date time labor started: _____ Date/time second stage: _____

Membranes: Intact SROM AROM Date/time: _____

Fluid appearance: Clear Mec-thick Mec-thin Bloody None Other: _____

Delivery

Date/time of delivery: _____ Live birth: Y N

Method of delivery: Spontaneous Operative vaginal-type: _____

C/S: Scheduled Unscheduled Emergent / Primary Repeat Indication: _____

Place of delivery: Hospital Birth Center Home Other: _____

APGARS: ____1____5____10 Cord blood collected: Y N Cord gases drawn: Y N

Cord gas result:

Arterial: _____

Venous: _____

Date/time placenta delivered: _____ Sent to pathology: Y N

Outcome

Newborn to NICU: Y N Mother to ICU: Y N Reason: _____

Maternal complications: Y N _____

Neonatal complications: Y N _____

Maternal/Neonatal transport to other facility: Y N Name of facility: _____

Reason: _____

Discharge Date: Mother: _____ Newborn: _____

Comments on reverse of page 2.



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.

Hospital and Admission Information
Hospital Name:
Hospital Address:
Date of Admission: Time of Admission:
Name of Healthcare Provider Assuming Care: License Type and Number:
Person(s) admitted: Pregnant Mother Delivered Mother Newborn(s)
Patient *Pre-Registered at this hospital: Yes No 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.
Transport/Transfer Information
Reason for transfer:
Name of licensed midwife treating patient prior to transfer: License Number:
Licensed midwife called in to report transfer: Yes No
Licensed midwife arrived with patient: Yes No
Licensed midwife provided hospital with medical records, including prenatal records: Yes No
Licensed midwife spoke with and provided report to physician regarding care up to the point of transfer: Yes (provide name and license below) No (provide reason below)
If yes, name of physician information was provided to by the licensed midwife: License Number:
If no, reason no report was given: Physician Unavailable Licensed Midwife Unavailable Other:

Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form
Page 2

Patient Name: (First, Middle, Last)

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

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