

#### 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; and
- Send <u>page one of the form</u> to the California Maternal Quality Care Collaborative, Medical School Office Building, 1265 Welch Road, MS 5415, Stanford, CA 94305.

Hospital and Admission Information		
Hospital Name:		
Hospital Address:		
Date of Admission:  Time of Admission:		
Name of Healthcare Provider Assuming Care: (First, Middle, Last)	License No.:	
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.		
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	
	□ No	
If no, Reason no Report was Given:  Physician Unavailable		
Licensed Midwife Unavailable		
Other:		

Please mark the appropriate rows with an "X" in the column next to the description

# Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form Page 2 of 3 $\,$

X	Reason for Transfer:
	Persistent hypertension; severe or persistent headache
	Active herpes lesion
	Abnormal bleeding
	Signs of infection
	Prolong rupture of membranes
	Lack of progress; maternal exhaustion; dehydration
	Thick meconium in the absence of fetal distress
	Non-vertex presentation
	Unstable lie or mal-position of the vertex
	Client request; request for medical methods of pain relief
	Suspected preeclampsia, seizures
	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with
	normal labor
	Suspected uterine rupture
	Maternal shock, loss of consciousness
	Prolapsed umbilical cord
	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress
	Multiple gestation (No babies delivered prior to transfer)
	Clinical judgment of the midwife (where a single other condition above does not apply)
	Other

## Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form Page $\bf 3$ of $\bf 3$

Name of Licensed Midwife Treating Patient Prior to Transfer: (First, Middle, Last)	License No.:
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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