



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 **page one of the form** 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: <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: _____			
<small>*Pre-Registered means the mother had been previously registered at the hospital for possible delivery.</small>			
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 <input type="checkbox"/> No
If no, Reason no Report was Given:			
<input type="checkbox"/> Physician Unavailable			
<input type="checkbox"/> Licensed Midwife Unavailable			
<input type="checkbox"/> Other: _____			

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

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2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2389 Fax (916) 263-2387 www.mbc.ca.gov

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