

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 Yes			
care up to the point of transfer:			
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

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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		

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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
