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 page one of the form** to the 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: (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.

Transport/Transfer Information

Reason for Transfer:
_____
_____
_____

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

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: _____
  _____

Patient Name: (First, Middle, Last)