

**Out of Hospital to In Hospital Perinatal Transfer Form**  
**Talking Points**

**Situation**

This is \_\_\_\_\_, midwife, calling about antepartum/intrapartum/postpartum transfer of a woman I am attending at home because of \_\_\_\_\_  
\_\_\_\_\_ (one sentence statement of problem and current condition).

My call back number is \_\_\_\_\_. My location is \_\_\_\_\_.

**Demographics**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Registered at Hospital \_\_\_\_\_

Age \_\_\_\_\_ Full G&P \_\_\_\_\_ Gestational Age & Basis \_\_\_\_\_

**Background**

Hx of medical problems \_\_\_\_\_

Prior pregnancy outcomes \_\_\_\_\_

Current pregnancy complications \_\_\_\_\_

Ultrasound Findings \_\_\_\_\_

Current meds/supplements \_\_\_\_\_

Allergies \_\_\_\_\_

Labs Pertinent Findings: \_\_\_\_\_

**Situation Narrative: Reason for transport details (Based on Scenario)**

**Labor (i.e. prolonged labor, prolonged ROM):**

- Labor Start: Latent -Date \_\_\_\_\_ Time \_\_\_\_\_  
Active-Date \_\_\_\_\_ Time \_\_\_\_\_
- Cervical Exams (dates and times) \_\_\_\_\_
- Interventions used to augment labor
  - Membranes: Status \_\_\_\_\_ Color of amniotic fluid \_\_\_\_\_
  - Date and Time of ROM \_\_\_\_\_ Methods to confirm ROM \_\_\_\_\_
  - GBS Status & Treatment: \_\_\_\_\_
  - Intrapartum fever \_\_\_\_\_
- Concerns regarding FHR assessment \_\_\_\_\_

**Antepartum complication:**

- Preeclampsia: First trimester BP \_\_\_\_\_ Current BP \_\_\_\_\_ Urine/pro \_\_\_\_\_  
Presence of symptoms of severe preeclampsia \_\_\_\_\_
- Preterm Delivery: Frequency of contractions \_\_\_\_\_
  - Presence of bleeding or abnormal discharge \_\_\_\_\_
  - Cervical exams including date and time \_\_\_\_\_
- Fetal well being \_\_\_\_\_

**Postpartum Complications**

- Maternal Hemorrhage: Estimated blood loss \_\_\_\_\_ Medications \_\_\_\_\_
- Placenta delivery time, method & does it appear intact \_\_\_\_\_
- Perineum status \_\_\_\_\_
- Suspected Infection: \_\_\_\_\_

**Pediatric concerns:**

- Apgars \_\_\_\_\_
- Current Respiratory status \_\_\_\_\_
- Risk Factors for Infection \_\_\_\_\_ (Ie prolonged labor, fever, fetal tachycardia)

**Recommendations for Receiving Hospital:** \_\_\_\_\_

(ie: Probaby needs cesarean delivery, equipment/personnel needed upon patient arrival:c/s team, OB MD in house, Anesthesia in house , Immediate IV access and blood work )

**Mode of Transportation:** \_\_\_\_\_ **ETA:** \_\_\_\_\_

**Additional Documentation**

It is anticipated that the transferring home birth provider will bring to the hospital copies of the following items:

1. All prenatal records: Intake medical history, notes from each prenatal visit, vitals flowsheets, lab results and ultrasound reports.
2. Labor flowsheets, progress notes
3. Newborn flowsheets, newborn assessment, progress notes

Hospital/Staff Member who took phone call: \_\_\_\_\_

Time Call Began: \_\_\_\_\_

Time Call Ended: \_\_\_\_\_

Partner/Father's Name \_\_\_\_\_

Individuals who will accompany the woman \_\_\_\_\_.

Special considerations of the woman and her family \_\_\_\_\_.

Test	Result	Date	Test	Result	Date
Blood Type & Rh			Hep B S Ag		
First Hgb/ Last Hgb			Glucose screen type of screen		
Platelets			GC		
RPR			Chlam		
GBS			Pap		
HIV			Urine C&S		