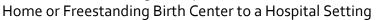
Best Practice Recommendations for Handoff Communication During Transport from a





BIRTH CARE PROVIDER to complete the sections that are applicable; demographic and prenatal information may be filled out in advance.

Appendix E: Maternal/Neonatal Transport Form from Home or Freestanding Birth Center

	graphics							
Client	's Name			DOB	Age			
GP		Gestational Age	Weeks	s by \Box LMP \Box U/S \Box B-	HCG ☐ First FHR			
<u>Indivi</u>	dual(s) v	who will accompany the woma	<u>n/baby:</u>					
Name				Relationship				
Specia	al conside	erations for the woman and her f	family:					
		ory (Additionally, please suppl						
Currer	nt pregna	ncy course including any variati	ons					
Ultras	ound find	dings						
Labs/F	ertinent	findings						
Prior p	oregnanc	y outcomes						
Currer	nt meds/s	supplements						
Allerg	ies							
Hx of	medical	problems						
Reaso	n for Tr	ansport Details						
□ Ant	epartum	ı :						
	Preecl	ampsia: First trimester BP	Current BI	PUrine/pro				
		Presence of symptoms of sever	re preeclampsia					
	Preterm Labor: Frequency of contractions							
		Presence of bleeding or abnorm	nal discharge					
		Cervical exam Date _	_	Time				
		Heart Rate status (specify)						
		:						
□ Lab								
	Fetal I	Heart Rate status (specify)						
	Pain M	Fetal Heart Rate status (specify) Pain Management						
	Duration of Active Labor							
		Duration of Second Stage						
		nged ROM (>18 hours)						
		Labor History:						
	0	Onset Latent Labor:	Date	Time				
	0	Onset Active Labor:		Time				
	0	Onset Second Stage:		Time				
	0	Most Recent Cervical Exam:						
	0	Membranes: ☐ Intact ☐ SRO	$M \square AROM$					
	0	ROM: Date	Time	Color				
		Methods to confirm ROM:						
	0	GBS Status: \square POS \square N	EG □ U	NK Treatment:				
	0	Intrapartum Feyer $(T > 100.4^{\circ})$	For 38°C)		\mathbf{O}			

Best Practice Recommendations for Handoff Communication During Transport from a

Home or Freestanding Birth Center to a Hospital Setting



	o Interventions:		, du n. sa ugo, corental many c. mayren, cor				
	Other:						
Birth a	and Immediate Postpartum History:						
	Vaginal birth		Vaginal birth after cesarean				
	Episiotomy						
	Lacerations □ Perineal □ Vaginal □ Labial	☐ Other:					
	Complications of birth:						
	☐ Shoulder dystocia						
	☐ Retained Placenta						
	☐ Maternal Hemorrhage: Estimated blood l	loss	Medications				
			Intact Placenta □ Y □ N				
	☐ Suspected Infection:						
	Other:						
Newbo	orn•						
	Abnormal tone	П	Temperature Instability				
	Apnea	П	Post Resuscitation Care				
	Birth Defect		Resuscitation measures				
П	Birth Injury		• PPV				
	Bradycardia		o <u>O2</u>				
_	Cyanosis		Chest Compressions				
			Current Respiratory status				
	Grunting, Flaring or Retractions		Current Respiratory status				
	Hypoglycemia, suspected	П	Other conditions:				
	Infection, suspected		Other conditions.				
	Jitteriness						
	Seizure-like activity						
	Tachypnea						
	Tachycardia						
Establ	ished Relationships: Maternity Care Provider	·	Pediatric Care Provider				
Preferr	red Hospital	Maternity	Unit Contact Info:				
	onal Information:	-					
Person	Completing Form:		Date:				
It is an as appl	onal Documentation ticipated that the transferring birth provider witicable, such as: Prenatal records: Health history, prenatal vis Labor records: flow sheets, progress notes	sit flow sheet an	nd notes, lab and ultrasound reports				
	□ Newborn records: flow sheets, newborn assessment, progress notes						

Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center to a Hospital Setting



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