

## Home Birth Transport Plan

Name of hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (to be called in initiating a transport): \_\_\_\_\_ Fax: \_\_\_\_\_

Name of midwife (midwives):	BCCNM ID(s):

Date of meeting (mm/dd/yy): \_\_\_\_\_

Hospital and midwifery staff present at meeting:

Name:	Title:

Midwife agrees to:

- forward a copy of the antenatal record to the hospital at 20 and 36 weeks<sup>1</sup>
- notify the hospital staff that labour is established and a planned home birth is underway
- notify the hospital staff when the birth has been completed as planned
- inform the hospital staff of the circumstances and come to the hospital if there is a need to transport

Hospital agrees to:

Professional (staff position) responsible for receiving an emergency transport telephone call:	Professional responsible for initiating emergency measures (e.g., calling necessary medical and nursing staff, arranging for equipment, etc.)

Any additional arrangements for special circumstances:

<sup>1</sup> If a client lives remotely and is planning on birthing in another community, the Antenatal Record Part 1 & 2 at 20 and 36 weeks gestation must be received at the closest remote hospital **and** the hospital of the community where the birth is planned.