

Transfer to Hospital Provider-to-Provider Form v.11/2021



Hospital:
Place patient Medical Record Label here

Hospital & Receiving Provider:

- 1) Please send communication and discharge summary to the transferring provider.
- 2) Please scan or otherwise include this form in the patient medical record.
- 3) Please submit feedback about the transfer using the QR code →
- 4) Please debrief the transfer with the transferring provider.



Midwife:

- 1) Please give this form plus prenatal & labor records to the receiving provider.
- 2) Please also email this completed form to: birthregistration@utah.gov.
- 3) ← Please submit feedback about the transfer using the QR code.
- 4) Please debrief the transfer with the hospital team.

Transfer Feedback

Fill out BEFORE LABOR	Provider(s)	Transfer From Provider Name: _____ Provider Phone Number: _____ Fax: _____ Transferring From: home birth center If from birth center: Center Name: _____ Center Phone #: _____	Transfer To Facility: _____ Phone Number: _____ Facility: _____ Phone Number: _____ For hospital-specific transfer guidelines, please see: https://mihp.utah.gov/uwnqc/out-of-hospital-births or use the QR code ←.	
	Patient(s)	Laboring Pt's Last Name: _____ DOB: ____/____/____ Neonate's Last Name: _____ Laboring Pt's First Name: _____ Age: _____ Neonate's First Name: _____ Partner's Name: _____ Parental Desires: _____		
Fill out BEFORE LABOR	History	Before This Pregnancy Medical/Surgical/Allergies/Other Info: _____ OB History: G__P__/_/_/_/_ Previous Cesarean? Y N #__ Scar Type: LTCS (bikini or Pfannenstiel) vertical (classical) T J unk <small>Preg Term/PreT/Abor/Live</small> Previous Vaginal Birth? Y N #__ Previous VBAC? Y N #__		
	Labs	This Pregnancy EDD: ____/____/____ By LMP which was: ____/____/____ By Ultrasound done on: ____/____/____ @ ____w ____d By Other: _____ Fetal Number: ____ Mid-trimester Ultrasound: @ ____w ____d Findings: normal other: _____ Placenta: fundal anterior posterior previa low lying ____cm from os Medications (including RhoGam)/Supplements: _____ Other Pertinent Info: _____		
	Labor	Prenatal Panel: ABO Type: A B AB O Rh: + - Antibody Screen: + - Hgb/Hct: ____/____ PIts: ____K RPR: + - HepB SAg: + - Rubella: immune non-immune equivocal HIV: + - unk unknown not done 28-Week Labs: Hgb/Hct: ____/____ Antibody Screen: + - Gest Diabetes Screen: passed not passed unknown not done 36-Week Labs: GBS: + - Tested: ____/____/____ At what gestation? ____wks ____days unknown not done		
Fill out DURING LABOR and AFTER DELIVERY	Labor	Labor Phases No Labor or Onset at: ____w ____d Early Labor Active Labor Pushing Birth Placenta Delivered <small>(Times are military: 1pm=13:00)</small> Onset/Event: ____/____/____:____:____:____ <small>(Durations are hours:minutes)</small> Duration: ____:____ Early 1st ____:____ Active 1st ____:____ Total 1st ____:____ 2nd stg ____:____ 3rd stage ____:____		
	After Delivery	Rupture of Membranes Membrane Status: intact ruptured questionable Membrane Rupture Stage: before labor before pushing during pushing on delivery/in caul Rupture Time: ____/____/____:____:____ Method of Rupture: spontaneous artificial Fluid: clear light mec mod mec thick mec bloody Medications During Labor Antibiotics for GBS: not GBS+ penicillin none other: _____ More than 4 hours before delivery? Y N Other Intrapartum Meds Given: _____		
	Transfer	Most Recent Exams (update throughout labor) Presentation: vertex breech-footling breech-complete (tailor sitting) breech-frank (piked) breech-unknown type compound shoulder face brow Vaginal Exam: ____/____/____:____:____ Dilatation: ____cm Station: _____ Effacement: ____% Position: _____ Ctx Pattern: _____ Maternal Vital Signs (Intrapartum): ____/____:____:____ BP: ____/____ P: ____ R: ____ T: ____ °C F O2 Sat: ____% FHT Time: ____/____:____:____ Baseline: ____ Variability: 0bpm 1-5bpm 6-25bpm 26+ Method: intermittent continuous Accels? Y N Decels? Y N		
Fill out DURING TRANSFER	After Delivery	Maternal Lacerations: 1st° 2nd° 3rd° 4th° other: _____ Estimated Blood Loss: _____ mL/cc cups (1cup=237mL/cc) Hemorrhage Medications Pitocin (oxytocin): IM IV ____IU IV Fluids: NS LR D5W Methergine (methylergonovine maleate): ____mg _____ mL L Cytotec (misoprostol): SL vag rect ____mcg TXA: ____g x ____ Most Recent Vital Signs (update throughout postpartum) ____/____:____:____ BP: ____/____ P: ____ R: ____ T: ____ °C F O2 Sat: ____%		
	Transfer	Newborn Sex: male female ambiguous Apgars: 1m: ____ 5m: ____ 10m: ____ Eye Oint: Y N Vit K: IM oral none Feeding: Y N Urine: Y N BM: Y N Resuscitation (mark all that apply) Deep Suction Blow-by O2 PPV Cardiac Compressions Other for ____min for ____min for ____min for ____min Most Recent Vital Signs (update throughout postpartum) ____/____:____:____ HR: ____ RR: ____ T: ____ °C F O2 Sat: ____%		
Fill out DURING TRANSFER	Transfer	Type of Transfer: antepartum intrapartum postpartum neonatal Method of Transport: private car ambulance Situation: _____ Background: _____ Assessment: _____ Recommendation: _____ ____/____/____ Decided to Transfer: ____ Called EMS: ____ Called Hospital: ____ ETA: ____ Spoke With: _____ ____/____/____ EMS Arrived: ____ Left Laboring Location: ____ Arrived at Hospital: ____ Arrived at: ER L&D PP unit NICU nursery peds ____/____/____ Attended by Nurse: ____ Attended by Phys/CNM: ____ Accompanying Patient: partner doula others: _____		