

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

## Transport Plan

Name of Hospital: \_\_\_\_\_

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

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

Name of Midwife (midwives): \_\_\_\_\_ CMBC Registration Number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Hospital and Midwifery Staff Present at Meeting (name and 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:<br><br>_____<br><br>_____<br><br>_____ | Professional responsible for initiating emergency measures (e.g. calling necessary medical and nursing staff, arranging for equipment, etc.)<br><br>_____<br><br>_____<br><br>_____ |
|---|---|

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.