

American Association of Birth Centers
Birth Center Transfer Form

Patient's Name _____ Date _____

Type of Transfer: Intrapartum Postpartum Newborn Emergency? No Yes

Mode of Transport: Car Ambulance Other _____

Time of Decision to Transfer: _____

Time of Call to Ambulance: _____

Time of Call to Physician: _____ Name _____

Time of Call to Hospital: _____ L&D NICU ER

Time left Birth Center: _____ Accompanied by: _____

Time arrived at receiving: _____ L&D NICU ER

Time in hospital before delivery: _____

FHT's	Time		Maternal BP/Pulse	Time		Newborn T/P/R	Time

IV Started: Time _____ Type/Size _____ Location _____ Rate: _____

MEDS: Pitocin _____ Units Time _____ IM IV
 Methergine _____ mg Time _____ IM PO
 Misoprostol _____ mcg Time _____ Rectal Vaginal PO
Other _____

Oxygen: Mask Cannula Rate _____

Notes: _____

Who is primary care provider after transfer to hospital? _____

Collaborative management by physician and midwife: Yes No Time transferred to physician: _____

Maternal Outcome: SVD Vacuum Forceps C-Section

PP Interventions: Laceration/Repair Manual Removal of Placenta D&C&E Total EBL _____

Other _____

Newborn Outcome: Apgar : _____ 1 minute _____ 5 minute _____ 10 minute

Gender: Female Male Weight _____ NICU Admission: No Yes

Other _____

Signature _____ Date _____ Time _____