



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: Deidra Template Weeks Gestation: 40w 5d Date/Time: ___/___/___:___
Age: 38 G: 3 P: 0020 EDD: ___ Based on: [X] LMP/Conception [] Dating Ultrasound
Referring Provider Community Midwife Contact#: () ___
Name of person receiving call: Transfer Hospital Time Called: ___
Does receiving hospital have medical records: [] YES [X] NO [] UNKNOWN
Medical Records Included: [X] # pages ___

SITUATION and Reason for Transport
fetal bradycardia in first stage

Status at Time of Transport: [X] Stable [] Unstable

Table with 3 columns: Vitals (FHTs, Dilatation/Station, Last food/fluid PO, Last Void Time, IV Gauge, Total infused), Ctx Pattern (q2-3m, BP, Temp, Pulse, Ultrasound Findings), and Mode of Transport (Private Vehicle, EMS, Other, EMS Staff, Called, Arrived, Departed, Time at hospital door, Time at L&D room, Time Hospital Provider Received, Time verbal report).

Labor History:
Latent Onset: (date/time): ___/___:___
Active Onset: (date/time): ___/___:___
2nd Stage Onset: (date/time): ___/___:___
AROM/SROM: (date/time): ___/___:___
Birth: (date/time): ___/___:___
Placenta: (date/time): ___/___:___
EBL: ___
Fluid: [X] CLEAR [] MECONIUM [] BLOODY
Lacerations: NO YES, Details ___

BACKGROUND

Current Pregnancy Complications: uncomplicated pregnancy, reactive weekly antenatal testing for AMA
Significant Medical History: non-contributory
Prior Pregnancy Outcomes: SAB x2
[X] NKDA, Allergies: ___ Height / Weight: ___ / ___
Current Medications/Supplements: prenatal vitamin
Blood Type: Rh pos BP Baseline: ___ / ___ GDM Testing: [X] YES [] NO Hct: ___ (date: ___)
ALERTS: [] Rh- [] HSV+ [] Rubella Non-Immune [] HEP B+ [] HIV+
[] GBS Unknown [] GBS+ [X] GBS- (date: ___)

ASSESSMENT: fetal bradycardia in active labor, remote from delivery

RECOMMENDATION: continuous monitoring, operative delivery