



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: Olivia Template Weeks Gestation: 3wk postpartum Date/Time: \_\_\_/\_\_\_:\_\_\_
Age: 32 G: 1 P: 1001 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
postpartum mental health crisis with concerns for suicidal intent

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

Table with 3 columns: FHTs, Ctx Pattern, Mode of Transport. Includes fields for Dilatation/Station, BP, Temp, Pulse, Last food/fluid PO, Last Void Time, IV Gauge, Total infused prior to transport, and transport times.

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: [ ] CLEAR [ ] MECONIUM [ ] BLOODY
Lacerations: NO YES, Details \_\_\_

BACKGROUND

Current Pregnancy Complications: uncomplicated pregnancy

induction of labor resulting in unexpected primary cesarean delivery

Significant Medical History: remote history of anxiety and depression, not currently treated

Prior Pregnancy Outcomes: term PLTCS

[X] NKDA, Allergies: \_\_\_ Height / Weight: \_\_\_ / \_\_\_

Current Medications/Supplements: prenatal vitamin

Blood Type: \_\_\_ BP Baseline: \_\_\_ / \_\_\_ GDM Testing: [ ] YES [ ] NO Hct: \_\_\_ (date: \_\_\_)

ALERTS: [ ] Rh- [ ] HSV+ [ ] Rubella Non-Immune [ ] HEP B+ [ ] HIV+
[ ] GBS Unknown [ ] GBS+ [ ] GBS- (date: \_\_\_)

ASSESSMENT: postpartum mental health crisis requiring further assessment and observation

RECOMMENDATION: emergency evaluation of suicidal intent, robust psychiatric support