

Sacred Midwifery
Zaina Keeley, CPM, LM

Emergency Transport Plan

My ideal plan is for you to birth your baby in the comfort of your own home. My goal is for you to have that experience, resulting in a healthy mom and baby. However, sometimes there are circumstances that require us to recommend transfer to a hospital. This can occur at anytime during the prenatal period, labor or postpartum.

In a non-emergency situation, which is most often the case, we will discuss the problem and our options of when and where to go. We may call ahead and discuss with the on-call physician or your preferred back up, what the reason for transport is and what your immediate needs may be upon arrival at the hospital. We will also decide whether it is better to transport in your car or to summon emergency medical services. I can accompany you to the hospital and remain with you through transfer of care to the medical staff. If the hospital allows, depending on the circumstances, I may stay on with you for support. I will do all that is possible to provide a smooth transition from home to hospital, however, occasionally we may encounter staff who are not familiar with homebirth or midwives and therefore are not respectful. I will always do my best to advocate for you and your baby and ask that you understand that once we transport, you will be under the care of the hospital personnel.

If the complication is an emergency I will have 911 called to facilitate the fastest transfer to the closest hospital.

I will always be completely honest with you and discuss any concerns we have during the course of your care with me. Please feel completely comfortable asking any questions or making suggestions that may help us to make the best decisions together for the care of you and your baby.

In the event of transport I suggest the following items if time allows:

- * Infant car seat
- * Water, juice, snacks etc..
- * Your purse, wallet and insurance information
- * Toiletries
- * Cell Phone

If there is little time, don't worry, someone can bring your essentials later.

Emergency Transport Directions

Name: _____

Address: _____

Phone: H: _____ C: _____

Other: _____

Hospital of Choice for transfer: _____

Hospital Phone: _____

Address: _____

Driving time _____

Nearest hospital with labor and delivery (if different):

Hospital Phone: _____

Address: _____

Driving time to nearest hospital: _____

Back up physician's phone (if any): _____

Pediatrician's phone: _____

I have read and understand this transport plan.

Parent's Signature: _____