Emergency Care Plan / Transport Agreement

Most births proceed smoothly. There are occasions when conditions require transport to the hospital for more specialized care than can be provided at home. It is best to make plans for this possibility long before labor begins; this allows for a smoother transition to the hospital should the need arise.

Address		Main phone #	
		Alternate phone #	
		T	
911 or Ambulance Service #		Typical time to arrive at our home is	
Under some circumstar	ices it may be more	appropriate to tra	ansport in a private vehicle.
In the event of an emergency requiring immediate transport the nearest hospital			
Hospital		Labor & Delivery ph #	
Address			
It takes about minutes to c	drive there and is	miles away.	
In the event of a non-emergency transport, my preferred hospital is			
Hospital Labor & Delivery ph #			
Address			, , , , , , , , , , , , , , , , , , ,
It takes about minutes to drive there and is miles away.			
Times and is initially to drive there and is			
In the event that a hospital transfer is recommended for my baby & the baby's condition is stable			
enough to allow for choice in what hospital to transfer to, I prefer			
Hospital			Phone #
Address		I	
My preferred pediatrician or physician		Phone #	
It takes about minutes to drive there and is		miles away	
Support Contacts – Examples	are childcare back	an childcare frie	end doula emergency contacts
Support Contacts – Examples are childcare, backup childcare, friend, doula, emergency contacts, etc. If more space is needed, please use the back side of this paper.			
		Part of the Part	Cymraet Anso
Name	Phone #		Support Area
Date of Birth	Blood Type	SS#	
Insurance Carrier		Insurance #	
To be filled out by midwife			
G P		EDD	Weeks Gestation
			

^{***}It is good to have a vehicle in good operating condition, with plenty of gasoline and a properly installed infant car seat. If for any reason this in not possible, please let me know.