

## EMERGENCY CARE FORM

This document sets forth the plan should an event occur during the course of midwifery care in an out-of-hospital setting which requires immediate maternal or infant transport to a hospital capable of providing necessary emergency services. Ala.Code 34-19-14(a)(4) The licensed midwife will initiate transport in the case of a maternal or neonatal emergency.

Name of Client: \_\_\_\_\_

Anticipated address at time of labor and birth: \_\_\_\_\_

\_\_\_\_\_

Hospital nearest to anticipated address at time of labor and birth: \_\_\_\_\_

\_\_\_\_\_

Telephone number(s) for hospital: \_\_\_\_\_

Emergency services telephone number: \_\_\_\_\_

In the event of a maternal and/or neonatal emergency in an out-of-hospital setting, the emergency plan is to transport to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Midwife Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_