

Emergency Care Plan

Name of Client: _____

While pregnancy, labor and birth are considered normal and natural events, there are times when emergent situations arise. Although in a healthy woman with a low risk pregnancy, these situations may arise without warning signs and symptoms. For these reasons it is imperative that if you have any questions or concerns that you communicate clearly with me. I will also communicate with you any concerns that I have during the entire time that I am caring for you. Additionally, please know that if at any time during your pregnancy, labor, birth or postpartum period you choose to transfer care to a Physician, Nurse Midwife and/or hospital, I will respect your decision and assist you in the transition.

During labor, in the event of a situation that is life threatening to either or both you and your baby, 911 Emergency line will be called and a request for EMS services will be initiated. Myself and my student/s will continue to care for you and/or your baby with all the knowledge and equipment/medication that we are able to use. Your situation will be communicated with EMS services, the receiving hospital and receiving doctor to the best of our ability in the situation. I will attempt to stay by your side during the transport and in the hospital to facilitate the smooth transition of care.

In your area, the fire department that will likely respond is _____ and the ambulance services that may respond to transport you and/or your baby might be from that fire department or Southwest Ambulance, Rural Metro or any other service that the fire department deems appropriate, including air transport. It is impossible for me to predict which Fire department or ambulance might be called to transport you and/or your baby.

It is expected that in a life threatening situation for you and/or your baby, that you and/or your baby will be transported to the closest hospital which is:

Hospital: _____ Phone: _____

Address: _____ City: _____

Client Signature: _____ Date: _____

Client Address: _____ Unit # _____

City: _____ Zip Code: _____ Phone: _____

Midwife Signature: _____ Date: _____