Highland Midwife Birth Services
PO Box 800
Goldendale WA 98620
Fax 509-772-2626

Lorri Carr, *LM CPM LDM LDEM*
midwife@highlandmidwife.com
509-314-1444 phone

Hospital Transport Plan

PERSONAL INFORMATION

Client Name _____ Date of Birth _____

Client address _____

Client phone-home _____ cell _____

Insurance company _____ Policy #_____

Family/friend with client _____ cell _____

PLACE OF TRANSPORT

Preferred hospital _____ Phone _____

Closest hospital _____ Phone _____

Your physician _____ Phone _____

Baby's physician _____ Phone _____

The back-up hospital utilized in an emergency transport will depend on the circumstances of the transport, your insurance coverage requirements, and your preferences.

MODE OF TRANSPORT

- By personal automobile if transporting for non-emergency cause, such as failure to progress in labor, moderate maternal exhaustion, or mild fetal distress. *Please have an automobile with a full tank of gas available at all times after 35 weeks gestation, in the event transport is necessary.*
- By EMS ambulance if transporting for emergency cause such as; hemorrhage, shock, serious fetal distress, newborn respiratory problems, or congenital anomalies.

NOTIFY THE FOLLOWING PEOPLE IF TRANSPORT IS NECESSARY

Childcare provider _____ Phone _____

Household caretaker _____ Phone _____

OTHER INFORMATION _____

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