

TEMPLATE FOR GUIDANCE PURPOSES ONLY¹
Individual Transfer Care Plan
For Practice of Licensed Direct-Entry Midwife
In the State of Maryland

Name of Client:

Anticipated Address for Birth in Out-of-Hospital Setting:

Phone Number:

Plan for Emergency

During the course of your care, a circumstance may arise that would require your midwife to recommend transfer to a hospital or higher-level provider. This can occur at any time during the pregnancy, labor, and postpartum. As part of your home-birth preparation, the midwife considers where you want to transfer care in the event of either an emergency or a non-emergent circumstance. In all situations, your midwife will discuss the concerning symptoms or events with you, and help you determine your best options for transfer location, provider, and means of transport.

In the event of a hospital transfer with *[YOUR PRACTICE/NAME HERE]*, you can expect *[midwife to explain their typical transfer procedures, including how records will be provided and who may accompany the client. Include procedures and processes to be undertaken in the event of an emergency for the mother, the newborn, or both in accordance with Md. Code Ann., Health Occ. § 8-6C-08.J.]*

Hospitals

Please list the nearest hospital(s) to your house that has a labor and delivery unit, including the address. When 911 is called, Emergency Medical Services (“EMS”) will choose the hospital for transport.

Nearest Hospital:

Address of Hospital:

Estimated driving time in minutes:

Phone Number of Hospital:

¹ **Disclaimer:** This template is offered for guidance purposes only. It is the responsibility of each licensed direct-entry midwife to individualize this form to your practice and ensure your final form complies with all requirements governing your practice, including but not limited to applicable laws and regulations (such as the Maryland Nurse Practice Act), standards of the North American Registry of Midwives, and other resources from your practice community. If you need legal guidance on development and use of this or other forms in your practice, please consult with your own legal counsel.

If you prefer transport to a different hospital in the case of a non-emergency transport, please list that hospital here, including the address:

Preferred Hospital:
Address of Hospital:
Estimated driving time in minutes:
Phone Number of Hospital:

Emergency Contacts

In case of an emergency, the midwife will contact the following people on your behalf. If you have children, please list the person who will be responsible for their care first.

Name/ Relationship:
Phone:
Name/ Relationship:
Phone:

Co-Care or Tandem Care Information

Your midwife offers prenatal, birth, and postpartum care services, as discussed separately. Some clients choose to have an additional provider by attending some prenatal visits with a physician, advanced practice registered nurse - certified nurse midwife, or other licensed health care practitioner. Please select your preference:

[] Yes, I am seeing additional provider(s) during this pregnancy. Please list the name, address, and phone number of your provider(s):

[] I am not pursuing co-care. In case of a transport, please bring me to the nearest hospital, or in a non-emergency to the preferred hospital I have listed above.

Plan of Care for Newborn

Within 24 hours after the delivery, as required by applicable law, the midwife must notify the pediatric health care practitioner of the delivery. Within 72 hours of delivery, as required by applicable law, the midwife must refer the newborn to a pediatric health care practitioner. This includes transferring records for the newborn to the pediatric health care practitioner.

Please list the name, address, phone number, email, and fax number of the pediatric care provider of your choice:

Pediatric Care Provider:
Address:
Phone:
Fax:

After the birth, the midwife may provide routine newborn care for up to 72 hours after delivery, exclusive of administering immunizations, including: (1) immediate care and assessment upon delivery, resuscitation as needed, performing initial newborn exam, and administering intramuscular vitamin K and eye ointment for prevention of ophthalmia neonatorum; (2) assessing newborn feeding and hydration; (3) performing a metabolic screening and critical congenital heart disease screening and reporting on the screening in accordance with regulations related to newborn screenings that are adopted by the Maryland Department of Health, or, if unable to perform either or both of these screenings, referring the newborn to pediatric health care practitioner within 24 to 48 hours of delivery; and (4) referring the infant to an audiologist for a hearing screening in accordance with regulations related to newborn screenings that are adopted by the Maryland Department of Health.

Beyond 72 hours, the midwife may provide routine assessments, including weight checks and general observation of the newborn's activity, feeding, and hydration, and provide lactation support and counseling. The midwife is required to communicate abnormal findings with the pediatric health care practitioner.

Signature

By signing below, I acknowledge that my midwife and I have reviewed this form and its contents together and I have had the opportunity to discuss this form and its contents with my midwife.

Client Name: _____

Client Signature: _____

Date: _____