



Alaska Birth Transfer Initiative: Maternal Transfer Form

Patient's Full Name: _____ Weeks Gestation: _____ Date: _____ Time: _____
 Age: ___ G: ___ P: ___ EDD: _____ Based on: LMP/Conception Dating Ultrasound
 Referring Provider: _____ Contact #: (____) ____ - _____
 Receiving Provider: _____ Contact #: (____) ____ - _____
 Person receiving call: _____ Time called: _____
 Does receiving hospital have medical records: YES NO UNKNOWN Medical records included: # of pages: _____

SITUATION and reason for transport:

Status at time of transport: Stable Unstable

FHTs:	Ctx pattern:	Mode of transport: Private vehicle EMS Other
Dilation/Station:	BP:	EMS Staff: _____ Called: _____ Arrived: _____ Departed: _____
Last food/fluid PO (date/time):	Temp: _____ Pulse: _____	Medications administered: Time at hospital door: _____ Time at L&D room: _____ Time Hospital Provider Received: _____ Time verbal report: _____
Last void time:	Ultrasound findings:	
IV Gauge:	Placenta findings:	
Total infused prior to transport:		

LABOR HISTORY

Latent Onset (date/time): _____ / _____ Birth date/time): _____ / _____
 Active Onset (date/time): _____ / _____ Placenta (date/time): _____ / _____
 2nd State Onset (date/time): _____ / _____ EBL: _____
 AROM/SROM (date/time): _____ / _____ Fluid: CLEAR MECONIUM BLOODY
 Lacerations NO YES Details: _____

BACKGROUND

Current pregnancy complications: _____
 Significant medical history: _____
 Prior pregnancy outcomes: _____
 NKDA, Allergies: _____ Height/Weight _____ / _____
 Current Medications/Supplements: _____
 Blood type: _____ BP baseline: _____ GDM testing: YES NO HCT: _____ (date: _____)
 Lab results: Rh _____ HSV _____ Rubella _____ HEP B _____ HIV _____ GBS _____ (GBS date: _____)
 COVID-19 result: _____ (date: _____) Symptoms: COUGH FEVER SOB OTHER: _____
 Assessment and Recommendation: _____

Completed by: _____ Signature: _____

Receiving Provider/Nurse: _____ Signature: _____