



## SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460th Ave, Chancellor, SD 57015

Phone: 605-743-4451 Email: cpmsdlicense@gmail.com

<https://doh.sd.gov/licensing-and-records/boards/certified-professional-midwives/>

### Newborn Transport Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Baby DOB: \_\_\_\_\_ Time: \_\_\_\_\_ EDD: \_\_\_\_\_ Weeks Gest. \_\_\_\_\_

Apgar \_\_\_ 1 min \_\_\_ 5 min \_\_\_ 10 min Age: \_\_\_ Days \_\_\_ Hours \_\_\_ Min \_\_\_ Male \_\_\_ Female

Maternal History: \_\_\_ GBS+ \_\_\_ Rh- Pregnancy Complications: \_\_\_\_\_

#### Transport Information

\_\_\_ Emergent \_\_\_ Non Emergent \_\_\_ Stable \_\_\_ Unstable

Mode of transport: \_\_\_ Car \_\_\_ Ambulance \_\_\_ Helicopter

Resuscitation: \_\_\_ No \_\_\_ Yes

\_\_\_ Stimulation \_\_\_ Bulb \_\_\_ DeLee \_\_\_ PPV# \_\_\_ Heart Compressions \_\_\_ min O2 \_\_\_ Liters \_\_\_ min

Reasons for transport: \_\_\_ Please see additional notes on the back.

\_\_\_ Apgar  $\leq$  6 at 10 min \_\_\_ Congenital Anomalies \_\_\_ Birth Weight < 5 pounds \_\_\_ Jaundice

\_\_\_ Breathing—grunts, TTN, retraction \_\_\_ Prolonged oxygen used \_\_\_ Unstable Vitals \_\_\_ Birth injury

\_\_\_ Abnormal coloration \_\_\_ Central cyanosis \_\_\_ Possible Infection \_\_\_ Client desires

\_\_\_ Meconium stain \_\_\_ particulate \_\_\_ non particulate \_\_\_ Meconium aspiration

\_\_\_ Other Reasons: \_\_\_\_\_

Information the receiving facility or provider received from midwife: Indicate all that apply

\_\_\_ Birth Records \_\_\_ Newborn Exam \_\_\_ Newborn Screenings results \_\_\_ Blood \_\_\_ Hearing \_\_\_ CCHD

\_\_\_ Other records \_\_\_\_\_

Time of call placed: \_\_\_\_\_ Receiving facility: \_\_\_\_\_

Receiving provider: \_\_\_\_\_

Midwife Name: \_\_\_\_\_ Midwife phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of report: \_\_\_\_\_