



**SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES**

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Home Page: doh.sd.gov/boards/midwives/

**Maternal Transport Form**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ G/P/A: \_\_\_\_\_ EDD: \_\_\_\_\_ Weeks Gest: \_\_\_\_\_ GBS+ \_\_\_\_\_ Rh- \_\_\_\_\_ Last B /P \_\_\_\_\_

ROM \_\_\_ No \_\_\_ Yes Date: \_\_\_\_\_ Time \_\_\_\_\_ Pregnancy Complications: \_\_\_\_\_

**Transport Information**

**Intrapartum:** \_\_\_ Early \_\_\_ Active \_\_\_ Transition Stage \_\_\_ 2 \_\_\_ 3 \_\_\_ 4

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

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

**Reason for transport:** \_\_\_ (please see additional notes on the back)

\_\_\_ Pain Management \_\_\_ Maternal Exhaustion \_\_\_ Blood Pressure Hypertension \_\_\_ Hypotension

\_\_\_ Malposition \_\_\_ Malpresentation \_\_\_ Breech \_\_\_ Unstable Lie \_\_\_ Abnormal bleeding \_\_\_ PPH \_\_\_ Shock

\_\_\_ Seizure \_\_\_ Cardiac event \_\_\_ Non Reassuring FHT \_\_\_ Meconium \_\_\_ Prolonged 2nd stage\*

\_\_\_ Prolonged 3rd Stage \* \_\_\_ Possible infection— fever \_\_\_ Placental Abruption \_\_\_ Uncontrolled vomiting

\_\_\_ Extensive or 3rd/4th degree repair \_\_\_ Preterm labor or rupture \_\_\_ Uterine rupture \_\_\_ Client request

\_\_\_ Other reason: \_\_\_\_\_

**\*2nd / 3rd Stage no progress—timeline**

Date: \_\_\_\_\_ Begin Time: 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ Transfer Time: \_\_\_\_\_

**Information the receiving facility received from midwife: indicate all that apply**

\_\_\_ Prenatal record \_\_\_ Postpartum record \_\_\_ Labor records \_\_\_ Birth records \_\_\_ Labs results \_\_\_ U/S results

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

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

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

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

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