

# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## POLICY FOR HOME BIRTH TRANSPORT PLAN

### Emergency Transport to Hospital from a Planned Home Birth

To ensure a safe and smooth transport from planned home births to hospital, the College of Midwives of British Columbia (CMBC) requires each registered midwife to have hospital arrangements in place for planned home births before providing home birth services in a community. Clear organization of responsibilities, teamwork, and an effective response when an emergency occurs is achieved through the coordinated efforts of all health care professionals involved. In an emergency transport, the receptivity of personnel and level of participation at the hospital are key factors in ensuring that clients have timely and appropriate access to care.

If a transport plan is not already in place, it is the responsibility of the midwife to organize a meeting with the appropriate hospital personnel, as designated by the hospital (for example, hospital administration, midwifery integration committee, nursing, medicine, obstetrics), to establish transport protocols which identify the personnel responsible for receiving emergency transport calls from midwives and for initiating emergency measures in an appropriate and timely manner.

A transport plan is required for any and every hospital which a midwife holds privileges and/or to which a midwife would transport a client in the event of an emergency.

The form below is provided as a sample. A transport plan may be set out in any way that clearly delineates communication channels and the roles and responsibilities of all of the professionals involved in all stages of transporting clients from home to hospital in an urgent or emergent situation.

BC midwives are **required to submit** a copy of their transport plan(s) to the CMBC. When a midwife is joining a midwifery practice where a transport plan is already in place, the existing plan should be reviewed, initialed and a copy submitted to the CMBC. It is the responsibility of the midwife to complete and submit current transport plans for each hospital where the midwife holds privileges and/or may transport a client in the event of an emergency.

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## Transport Plan

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(to be called in initiating a transport)

Name of Midwife (midwives): \_\_\_\_\_ CMBC Registration Number(s): \_\_\_\_\_

\_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Hospital and Midwifery Staff Present at Meeting (name and title): \_\_\_\_\_

\_\_\_\_\_

Midwife agrees to:

- forward a copy of the antenatal record to the hospital at 20 and 36 weeks<sup>1</sup>
- notify the hospital staff that labour is established and a planned home birth is underway
- notify the hospital staff when the birth has been completed as planned
- inform the hospital staff of the circumstances and come to the hospital if there is a need to transport

Hospital agrees to:

Professional (staff position) responsible for receiving an emergency transport telephone call:  _____  _____  _____	Professional responsible for initiating emergency measures (e.g. calling necessary medical and nursing staff, arranging for equipment, etc.)  _____  _____  _____
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Any additional arrangements for special circumstances: \_\_\_\_\_

\_\_\_\_\_

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<sup>1</sup> If a client lives remotely and is planning on birthing in another community, the Antenatal Record Part 1 & 2 at 20 and 36 weeks gestation must be received at the closest remote hospital **and** the hospital of the community where the birth is planned.