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**Emergency Care Plan**

Client \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Planned Location of Delivery \_\_\_\_\_

Primary Midwife: Name \_\_\_\_\_ Phone \_\_\_\_\_

Second Midwife: Name \_\_\_\_\_ Phone \_\_\_\_\_

Collaborating MD: Name \_\_\_\_\_ Phone \_\_\_\_\_

Location: \_\_\_\_\_

Receiving MD: Name \_\_\_\_\_ Phone \_\_\_\_\_

Location: \_\_\_\_\_

Personal MD: Name \_\_\_\_\_ Phone \_\_\_\_\_

Location: \_\_\_\_\_

Pediatrician: Name \_\_\_\_\_ Phone \_\_\_\_\_

and/or

Family Practice MD: Name \_\_\_\_\_ Phone \_\_\_\_\_

Location: \_\_\_\_\_

EMS: 911 Name of Hospital contracted to local EMS \_\_\_\_\_ L & D? \_\_\_\_\_

1st Choice Hospital with Labor & Delivery:

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

Phone \_\_\_\_\_ NICU: \_\_\_ Yes, \_\_\_ No. Closest Hospital: \_\_\_ Yes, \_\_\_ No.

Directions \_\_\_\_\_

2nd Choice with Labor & Delivery: Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_ NICU: \_\_\_ Yes, \_\_\_ No. Closest Hospital: \_\_\_ Yes, \_\_\_ No.

Directions \_\_\_\_\_

Emergency Contact for Client: Name \_\_\_\_\_

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

[INCLUDE SIGNED RELEASE OF RECORDS]

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

Signature: Certified Direct Entry Midwife \_\_\_\_\_