

Emergency Back Up Plan

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone #: _____ Cell # _____

Is a Paramedic Available Through Local 911 Service? YES NO

In case of an emergency situation we plan to transport to:

Labor and Delivery Unit Phone # of chosen hospital:

Directions from your home to the hospital: (please write them for a stranger)

If you plan for your children to be present at your labor and birthing who will stay with them in the event of an emergency transport?

We have read and understand that Traditional Birth Services does not have hospital privileges, that in the event of a transport it would also be a transfer of care. We understand that if we are not able to travel to Dekalb Medical Center we will be attended by whoever is "on call" at the closest hospital to our location. We understand that the midwife works within the parameters of a standard of practice document which states that if emergency complications arise that cannot be resolved at home they will initiate transport proceedings.

Mother's Signature/Date

Father's signature/Date

Thank you for your time & effort. We share your desire for a safe & healthy birth at home.