



# EMERGENCY CARE PLAN



The option of going to a nearby hospital for interventions is what makes out of hospital birth safe. The majority of women who plan a home birth will not need any interventions and will have a spontaneous vaginal birth on their own. Having a backup plan in place for our preferred hospital and the nearest hospital allows us to move to the hospital smoothly, if needed.

Please fill out this form by 37 weeks. You may want to consider taking a hospital tour of your preferred and closest hospital (if not the same hospital) so that it is a more familiar place. It is also beneficial to consider packing a hospital bag when you gather your home birth supplies with basic items for your and baby, just in case of emergent transport. This is highly unlikely to occur but if it does, the process will be smoother and less stressful for you and your partner if a bag is already packed.

- The primary midwife will determine, with informed consent from the parent(s) and in accordance with state laws, when to transport the mother and/or baby.
- When transport is considered urgent, we will go to the nearest hospital.
- If transport is not considered urgent the decision of which hospital to go to will be left with the mother (Baylor Dallas recommended below).
- The mode of transport will depend on the urgency of the situation and input from the parent(s).
- The midwife assistant or mother's birth partner may need to call 911 (see instructions below).
- The primary midwife, and possibly an assistant or student midwife will transport with the mother and/or baby and will stay with the mother to act as doula.
- In the event of a separation of mother and baby, the primary midwife will transport, and the assistant will provide continued home care.
- The midwife will fill out the transfer summary form and provide it with medical records to the hospital staff.
- Follow-up care will be determined by the midwife and mother after consultation.
- Keep this sheet with your birth supplies for use as a script in case of the need to call 911.

**INSTRUCTIONS FOR CALLING 911  
ARE ON THE BACK**

Instructions for calling 911 are as follows:

•Take a deep breath and stay calm. Speak slowly so you will be understood: “We are at a planned home birth with a licensed midwife in attendance. We have the following situation ...” (The midwife will tell you what to say.)

•The address is \_\_\_\_\_

•The name of the mother is, \_\_\_\_\_ and she is \_\_\_\_\_ years old and her due date is \_\_\_\_\_ .

The name of the partner is \_\_\_\_\_ . A contact number for someone at the home is \_\_\_\_\_ .

•Answer any other questions as best as you can or ask someone who may know.

•After placing the call, it is a good idea for someone to go outside to watch for the ambulance.

•It is also helpful for someone to clear a path, if needed, through the house to the room where the mother is.

Planned transfer hospitals:

1. Non-emergency

Baylor University Medical Center at Dallas  
3501 Junius St., Dallas, TX 75246  
214.820.2126

2. Emergency (closest hospital with a NICU):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Remember to have your car seat installed and ready to go by 37 weeks, whether you're planning a home or birth center birth!

