

## Lay Midwife Report

Date/Time of Transport \_\_\_\_\_

Hospital Transported to \_\_\_\_\_ County \_\_\_\_\_

Maternal Age \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ E.D.C. \_\_\_\_\_

Stage of Labor upon Arrival 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> post-partum

Mode of Transport \_\_\_\_\_

Facility/Location of Prior Delivery(s) \_\_\_\_\_

Name of Midwife \_\_\_\_\_

Labor History Prior to Hospital Arrival

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Circumstances Leading to Hospital Transfer

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Medical Intervention Provided at Hospital

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Maternal Outcome

Length of Stay \_\_\_\_\_

Condition at Discharge \_\_\_\_\_

Other \_\_\_\_\_

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Newborn Outcome

Length of Stay \_\_\_\_\_

Condition at Discharge \_\_\_\_\_

Five Minute Apgar Score \_\_\_\_\_

Weight \_\_\_\_\_

Other \_\_\_\_\_

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