

EMERGENCY CARE PLAN

Ann von Moritz - 253-678-6460 - Point Defiance Birth

The following contact information is important to have on hand for labor and birth, especially in the case of an emergency. Please provide the following information and return this form to your midwife before your 36th week of pregnancy.

Client's Name: _____ Phone: _____

Partner's Name: _____ Phone: _____

Address Where Birthing: _____

Notes, Directions, or Landmarks Pertaining to Birthing Address: _____

Client's Primary Care Provider Name and Phone: _____

Preferred Back-Up OB or MFM Physician Name and Phone: _____

Preferred Hospital in the Case of Transfer _____

Preferred Hospital Labor & Delivery Phone: _____

Closest Hospital (if different from above): _____

Closest Hospital Labor & Delivery Phone: _____

Number of Miles to Facility: _____ Estimated Time for Transport: _____

Pediatrician: _____ Phone: _____

Sibling's Babysitter Name and Contact Information: _____

Any Other Contacts or Information: _____

Signature of Client: _____

Signature of Midwife: _____

Date Discussed and Signed: _____