

# MATERNAL TRANSFER RECORD

Addressograph or Label

Mother's Address \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_  
Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
Bed Line called: DD \_\_\_ MM \_\_\_ YY \_\_\_ @ \_\_\_\_\_ hrs.  
Saskatoon 1-888-831-2225 Regina 1-866-766-6050

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
DOB D M Y  
\_\_\_\_\_  
HSN  
\_\_\_\_\_  
CPI#

**Communication is important.**  
**Fill out contact section completely & legibly – you may be contacted for further information / follow-up**

Primary Physician / Midwife \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Referral Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Referring Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**List of additional documents to send as applicable**  
*If not available at time of transport, please FAX as soon as possible.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Prenatal Record              | <input type="checkbox"/> Labour Records          | <input type="checkbox"/> Lab Reports                 |
| <input type="checkbox"/> Obstetrical Nursing Database | <input type="checkbox"/> Fetal Monitor Strips    | <input type="checkbox"/> Ultrasound Scans / Reports  |
| <input type="checkbox"/> Other (Specify) _____        | <input type="checkbox"/> Applicable Nurses notes | <input type="checkbox"/> Applicable Physicians notes |

**REASON FOR TRANSFER** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HISTORY & CURRENT PREGNANCY** (Complete this section OR send a completed legible copy of the Prenatal Record)

**TPAL:** Term Deliveries \_\_\_\_\_ Premature \_\_\_\_\_ Abortions \_\_\_\_\_ Living Children \_\_\_\_\_ Gravida \_\_\_\_\_  
LMP \_\_\_\_\_ EDC \_\_\_\_\_ Gestation (weeks/days) \_\_\_\_/\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_  
Onset of labour (date/time) \_\_\_\_\_ Contractions *Freq* \_\_\_\_\_ *Dur* \_\_\_\_\_ *Strength* \_\_\_\_\_  
Membranes  Intact  Ruptured (at date/time) \_\_\_\_\_ Nitrazine:  Positive  Negative Ferning:  Positive  Negative  
Fetal Fibronectin  Positive  Negative Cervical Exam \_\_\_\_\_ (at date/time) \_\_\_\_\_

**INVESTIGATIONS IN PREGNANCY** (Complete this section OR send a completed legible copy of the Prenatal record)

Blood Type \_\_\_\_\_ Rh \_\_\_\_\_ Rh Immune Globulin given  N/A  No  Yes *Date:* \_\_\_\_\_ Rubella Titer \_\_\_\_\_  
Syphilis \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_ HIV \_\_\_\_\_ GBS \_\_\_\_\_ (date of last culture) \_\_\_\_\_

**FETAL ASSESSMENT** Fetal Heart Rate \_\_\_\_\_ Non stress Test  yes  no *date/time* \_\_\_\_\_  
Fetal Movement (describe) \_\_\_\_\_ Fetal Presentation \_\_\_\_\_  
Other fetal investigations (describe) \_\_\_\_\_

**COMPLICATIONS IN PREGNANCY / LABOUR / BIRTH** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLICATIONS POST PARTUM**      Date & Time of Birth \_\_\_\_\_

PPH (*est. blood loss*) \_\_\_\_\_  Retained Placenta     OTHER (*describe*) \_\_\_\_\_

**MEDICAL HISTORY** (e.g. allergies, infections, diabetes, hypertension, anemia, surgery, psychosocial issues)

**MEDICATIONS**    Antibiotics \_\_\_\_\_      Date / time(s) \_\_\_\_\_

Patient in Preterm labour at 24 – 34 wks gestation (up to 32 wks for PPROM), obtain order and administer steroids  
 Betamethasone 12 mg IM 24 hrs. apart x 2 doses    Date / time 1st dose@ \_\_\_\_\_ 2<sup>nd</sup> dose @ \_\_\_\_\_  
OR  Dexamethasone 6 mg IM every 12 hrs x 4 doses    Date / time 1st dose@ \_\_\_\_\_ 2<sup>nd</sup> dose @ \_\_\_\_\_ 3<sup>rd</sup> dose \_\_\_\_\_ 4<sup>th</sup> dose \_\_\_\_\_

Others: (specify) \_\_\_\_\_

**TRANSFER OF CARE NOTE:** (IV's, recent meds, most recent assessments)

SIGNATURE/ Status \_\_\_\_\_      Print Name \_\_\_\_\_      Date/Time \_\_\_\_\_

**OBSERVATIONS IN TRANSIT**

**DEPARTURE DATE / TIME** \_\_\_\_\_ Accompanied by \_\_\_\_\_ Relationship \_\_\_\_\_

Time	FHR	BP	Pulse	RR	Uterine Contractions	Medications
		/				
		/				
		/				
		/				
		/				
		/				
		/				
		/				

**COMMENTS**

**ARRIVAL DATE / TIME** at Receiving Hospital \_\_\_\_\_      **MODE OF TRANSPORT** \_\_\_\_\_

SIGNATURE/ Status \_\_\_\_\_      Print Name \_\_\_\_\_  
(Attendant during Transfer)

