



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF MEDICAL LICENSURE AND DISCIPLINE**  
**MIDWIFERY ADVISORY COUNCIL**  
**EMERGENCY CARE FORM**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

Name of Patient: \_\_\_\_\_

Anticipated address at time of delivery: \_\_\_\_\_

Number of miles between patient's address and nearest hospital: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Telephone numbers for hospital: \_\_\_\_\_

Telephone numbers for health care providers: \_\_\_\_\_

This plan sets forth the planned referrals during the pregnancy should a risk factor occur which requires consultation with or transfer of primary responsibility for maternal or neonatal care to a licensed health care provider or which requires maternal or infant transport to a licensed health care facility capable of providing necessary or emergency services, including cesarean section.

- I. For any non-pregnancy related condition that requires care by a licensed health care provider, care will be provided by: \_\_\_\_\_ for the care of the mother.
- II. Conditions which indicate immediate termination of the midwife's role as the primary provider of maternity/newborn care shall be handled by immediate referral to: \_\_\_\_\_ for care of the mother or: \_\_\_\_\_ for care of the infant.
- III. Should emergency transport of the mother or newborn be required, transport will be to: \_\_\_\_\_ with the mother's care referred to: \_\_\_\_\_ and the infant's care referred to: \_\_\_\_\_  
Estimated time for transport if greater than 30 minutes: \_\_\_\_\_

**Signature of Patient:** \_\_\_\_\_

**Signature of Midwife:** \_\_\_\_\_ **Date:** \_\_\_\_\_