Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

TO BE USED BY THE PERSON CALLING THE HOSPITAL

Appendix C: Brief SBAR Script for Phone Call Initiating Transport to Hospital

Instructions: Call the hospital and ask for the **Labor and Delivery Charge Nurse**. Read the script, inserting relevant information to communicate the intent to transport.

Situation:

- This is (***name & credential or relationship***)
- Calling to transport a ***mother; baby; or mother & baby***
- From a planned ***home birth*** or ***freestanding birth center birth***
- Reason for Transport, such as: ***ineffective labor; hemorrhage; newborn resuscitation; other (describe)***
- Please have the OB or Pediatric care provider call me (optional based on situation)

My call back number is _____

The client's location is _____

Client will be accompanied by: _____

Mode of Transportation: _____ **ETA:** _____

Does the client have Medical Records at this hospital? ☐ **Unknown** ☐ **Yes** ☐ **No**

Background:

Briefly provide relevant ***prenatal, labor & birth, or newborn information***

- ☐ Mother's Name and Date of Birth
- ☐ Gravida, Para
- ☐ Number of weeks pregnant
- ☐ Significant prenatal history or labs
- ☐ Vital signs and fetal heart rate
- ☐ Dilation and station
- ☐ Ruptured membranes x hrs.
- ☐ Color: Clear, Meconium, Other
- ☐ Group B Strep status
- ☐ Previous cesarean
- ☐ Estimated blood loss
- ☐ Medications
- ☐ Therapies administered to mother or baby
- ☐ Time of birth
- ☐ Apgar score
- ☐ Newborn resuscitation
- ☐ Estimated gestational age
- ☐ Other **(describe)**

Assessment:

Baby's current condition is ***(describe briefly, including urgency of transport)***
Mother's current condition is ***(describe briefly, including urgency of transport)***

Recommendation:

Requested course of action (***describe the interventions that have been initiated and what you want the receiving providers to do for this woman and/or baby***)

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TO BE USED BY NURSE RECEIVING A TRANSPORT CALL

Appendix D: Brief SBAR Form for Recording Phone Call to Hospital regarding Transport

Name/Credentials of Hospital Staff receiving call: _____

Date: _____ Time Call Began: _____ Time Call Ended: _____

Situation:

Name & credential/relationship of caller: _____

Transport for ☐ mother ☐ baby ☐ mother and baby

From a planned ☐ home birth ☐ birth center birth

Reason for Transport: _____

_____

Call Back Number: _____ Client's Location: _____

Who will accompany the client? _____

Mode of Transportation: _____ **ETA:** _____

Medical Records at this hospital? ☐ **Unknown** ☐ **Yes** ☐ **No**

Background: Relevant prenatal, labor & birth, or newborn information

Mother's Name: _____ DOB: _____

- ☐ G, P: _____
- ☐ Number of weeks pregnant _____
- ☐ Significant prenatal history _____
- ☐ VS & FHR _____
- ☐ Dilation _____
- ☐ Ruptured membranes x _____ hrs.
- ☐ Color: Clear, Meconium, Other
- ☐ Group B Strep (GBS) neg pos unknown
- ☐ Previous cesarean _____
- ☐ Hemorrhage/EBL _____
- ☐ Medications _____
- ☐ Therapies administered to mother or baby: _____ _____ _____
- ☐ Time of birth _____
- ☐ Apgar score
- ☐ Newborn resuscitation _____ _____
- ☐ Estimated gestational age _____
- ☐ Other: _____ _____

Assessment:

Baby's current condition is (describe) _____

Mother's current condition is (describe) _____

Recommendation:

Caller/birth attendant requested course of action (interventions that have been initiated and what is requested of receiving providers): _____

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For Use by Any Party Using These Recommendations

Appendix H: Evaluation and Feedback on Tools Provided in the Maine CDC Best Practice Recommendations

The goal of these Recommendations is to facilitate safe perinatal transport by providing clinicians with tools to support communication and quality management. Your feedback is essential to maintaining the relevance of these Recommendations during the care and transport of newborns and women who are pregnant or postpartum.

1) Please identify which portions of the Recommendations you used during this transport?

- ☐ Transport Recommendations (for midwife or physician arranging transport)
- ☐ Best Practice Recommendations
  - ☐ Role of the Mother
  - ☐ Role of the Transferring Midwife or Physician
  - ☐ Role of the Emergency Medical Service Provider
  - ☐ Role of the Receiving Registered Nurse
  - ☐ Role of the Receiving Obstetrical or Pediatric Care Physician or Practitioner
- ☐ Brief SBAR Script for Phone Call initiating Transport
  - ☐ By EMS
  - ☐ To Hospital
- ☐ Brief SBAR Form for Recording Phone Call
  - ☐ Initiating Transport by EMS Dispatch
  - ☐ To Hospital regarding Transport
- ☐ Maternal/Neonatal Transport Form from Home or Freestanding Birth Center
- ☐ Definitions
- ☐ Professional Competence Review Process

2) The Recommendations were clear and understandable. ☐ Agree ☐ Neutral ☐ Disagree

3) The tools enhanced communication during transport ☐ Agree ☐ Neutral ☐ Disagree

Do you recommend any changes to the Recommendations? (please specify) _____

_____

_____

Comments: _____

_____

You may provide your name and contact information so that we may follow-up on recommendations or comments

Name:_____ **Contact Info:**_____

Please submit completed evaluations to the Maine CDC

Attention: Toni.G.Wall@maine.gov or Valerie.j.Ricker@maine.gov FAX 207-287-5355

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For Use by Families Who Experience a Maternal or Newborn Transport from a Planned Home or Freestanding Birth Center Birth

Appendix I: Evaluation and Feedback about Transport Process

The goal of the Recommendations is to facilitate safe perinatal transport. The opportunity for personal evaluation and feedback of the ***transport process*** is essential to identify ways to improve the transport experience for families involved in the care and transport of newborns and women who are pregnant or postpartum. Completion of this form is optional.

Please tell us about you	**Circle One**		
Please tell us who you are:	Parent	Other Family Member	Family Friend
Please tell us who was transported:	Mother	Baby	Mother & Baby
Please tell us the planned birth location:	Home Birth	Birth Center Birth	Hospital
Please tell us about your experience	**Agree**	**Neutral**	**Disagree**
I was treated respectfully			
The information I was provided was clear and understandable			
Communication between professionals was clear and relevant to ensuring a safe and effective transport			
I felt supported during the transport process			
I felt supported during after the transport process			

What part of the transport process went well? (please describe) _____

_____

What part of the transport process could be improved? (please describe) _____

_____

Comments: _____

_____

You may provide your name and contact information for follow-up

Name:_____ **Contact Info:**_____

Please submit completed evaluations to the Maine CDC

Attention: Toni.G.Wall@maine.gov or Valerie.j.Ricker@maine.gov FAX 207-287-5355

Best Practice Recommendations for Handoff Communication
During Transport from a
Home or Freestanding Birth Center to a Hospital Setting