

# Birth Center Checklists

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## Birth Center Admission Checklist

<b>Patient Name:</b>		<b>MRN:</b>
<b>DOB:</b>	<b>Date Admitted:</b>	<b>Room:</b>

Task	Initials	Comment
Client meets admission eligibility criteria		
Prepare bed		
Warm baby blankets		
Labor Assessment Equipment Check: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stethoscope</li> <li><input type="checkbox"/> BP cuff</li> <li><input type="checkbox"/> Thermometer</li> <li><input type="checkbox"/> Doppler, gel</li> <li><input type="checkbox"/> sterile/nonsterile gloves</li> </ul>		
Print copy of transfer documents, including face sheet with name, demographics, insurance, and prenatal summary.		
Emergency Equipment Check: <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Kit (instruments, epis scissors, gloves, cord clamp)</li> <li><input type="checkbox"/> IV Access Kit</li> <li><input type="checkbox"/> Emergency medication kit</li> <li><input type="checkbox"/> O2 tank ready, adequately full, with tubing attached</li> <li><input type="checkbox"/> Suction working with tubing attached</li> <li><input type="checkbox"/> Adult Ambu bag working</li> <li><input type="checkbox"/> Adult SpO2 monitor working</li> <li><input type="checkbox"/> Infant SpO2 monitor working with lead attached</li> <li><input type="checkbox"/> Neonatal airway and medication administration kits</li> <li><input type="checkbox"/> Neonatal T-piece resuscitator set to PIP 20 cmH20 and PEEP 5 cmH20 attached to oxygen tank set to flow rate of 10L/minute</li> <li><input type="checkbox"/> Cord blood collection kit</li> <li><input type="checkbox"/> Flashlight</li> <li><input type="checkbox"/> Infant stethoscope</li> <li><input type="checkbox"/> Stop watch</li> </ul>		

<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>
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## Second Stage Checklist

<b>Patient Name:</b>		<b>MRN:</b>
<b>DOB:</b>	<b>Date Admitted:</b>	<b>Room:</b>

Task	Initials / Time				Comments
	onset --:--	--:--	--:--	--:--	
Client continues to meet birth center eligibility requirements					
Midwife and birth assistant present and roles established					
Newborn assessment and resuscitation equipment ready					
Birth kit ready					
Hemorrhage medications ready and in room					
Stopwatch ready for birth timing					
Tub temperature 98-100 degrees F					
Room temperature 76-78 degrees F					
Blankets warming					
Assess hemorrhage risk and verbalize plan for active or expectant management					
Verbalize plan for cord blood collection					
Don personal protective equipment (PPE)					

<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>

## Discharge Checklist

<b>Patient Name:</b>		<b>MRN:</b>
<b>DOB:</b>	<b>Date Admitted:</b>	<b>Room:</b>

Task	Initials	Comment
Birthing parent meets discharge criteria: <ul style="list-style-type: none"> <li><input type="checkbox"/> Walk without assistance</li> <li><input type="checkbox"/> Void without assistance</li> <li><input type="checkbox"/> Eat/tolerate a postpartum meal</li> <li><input type="checkbox"/> Vital signs within normal limits</li> <li><input type="checkbox"/> Fundus firm, bleeding appropriate</li> <li><input type="checkbox"/> Adequate home support</li> <li><input type="checkbox"/> Other criteria per policy</li> </ul>		
Discharge teaching done <ul style="list-style-type: none"> <li><input type="checkbox"/> Postpartum warning signs</li> <li><input type="checkbox"/> Newborn warning signs</li> <li><input type="checkbox"/> Importance of rest and support for household tasks</li> <li><input type="checkbox"/> Follow-up plan and how to reach providers</li> <li><input type="checkbox"/> If GBS positive, plan of care documented and warning signs reviewed</li> <li><input type="checkbox"/> Assess prenatal preparation and fill knowledge gaps for early postpartum</li> </ul>		
Adequate infant feeding + LATCH assessment		
Placenta sent with parent or discarded per biohazard policies and procedures		
Infant exam complete – meets discharge criteria, vital signs normal, weight >2500g		
Plan made for newborn screenings and pediatric follow-up		
Copies of Newborn Exam and Delivery Summary provided to parents		
Infant correctly strapped in car seat		

<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>

## Transfer Checklist

<b>Patient Name:</b>		<b>MRN:</b>
<b>DOB:</b>	<b>Date Admitted:</b>	<b>Room:</b>

Task	Initials	Comment
Determine transport destination and transport needs based on type and severity of transfer		
Initiate emergency transport, if indicated		
Call L&D or NICU to request transfer and give report		
Call receiving provider to give report and arrange admission		
Open entry door for transport team		
Assemble transfer bag / equipment needed for transfer: <ul style="list-style-type: none"> <li><input type="checkbox"/> birth kit</li> <li><input type="checkbox"/> Doppler, gel</li> <li><input type="checkbox"/> meds</li> <li><input type="checkbox"/> resuscitation equipment</li> </ul>		
Compile client records: <ul style="list-style-type: none"> <li><input type="checkbox"/> Face sheet with name, demographics, insurance info</li> <li><input type="checkbox"/> Prenatal summary</li> <li><input type="checkbox"/> Intrapartum and Postpartum/Newborn summary and flowsheet/notes</li> </ul>		

<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Initials:</b>	<b>Signature:</b>