Emergency contact and readiness plan

Why readiness planning matters

Birth is a time-sensitive transition involving the pregnant person, the fetus or newborn, support people, and several possible care settings. Even when pregnancy has been uncomplicated, the practical circumstances around labor can change: symptoms may begin overnight, the usual driver may be unavailable, roads may be congested, or a hospital may instruct families to use a different entrance or location. A written plan reduces cognitive load and makes responsibilities visible.

Emergency readiness and contact planning is best understood as a coordination tool, not a prediction of adverse outcomes. It should complement, rather than replace, individualized advice from an obstetrician, midwife, family physician, maternity unit, or other qualified professional. Ask your team which number to use for routine questions, which pathway reaches maternity triage, and which situations require emergency services immediately.

The plan should be flexible. A preference for a particular birth setting or support arrangement can be documented, while the emergency section should state how clinical decisions will be escalated if the situation changes. Avoid relying on one person, one phone, one vehicle, or one route.

Build a tiered emergency contact list

Start with contacts in the order they are likely to be needed. The first tier usually includes local emergency services and the maternity triage or labor and delivery unit. The next tier may include your primary maternity clinician, birth partner, doula if applicable, backup support person, and the person responsible for transport. A separate tier can include an out-of-area contact who acts as a communication hub for relatives and friends.

For each contact, record the person or service name, role, telephone number, alternative number, hours of availability, and any instructions about when to call. Confirm whether a hospital uses a dedicated triage line, switchboard, messaging service, or online portal. Save numbers in your phone with descriptive labels rather than relying on memory or recent-call history.

Include a concise clinical information block that can be communicated accurately during a stressful call:

Full name, date of birth, and current address or location
Estimated due date and current gestational age, if known
Name and contact details of the maternity team and intended birth facility
Relevant medical, surgical, obstetric, or anesthetic history as advised by your clinician
Allergies, prescribed medicines, and any clinician-identified risk factors
Language, communication, mobility, sensory, or accessibility needs
Whether another adult or child is present and whether transport is available

Do not overload the sheet with speculative diagnoses. The purpose is to transmit verified information and help professionals direct you to the appropriate level of care.

Create a communication plan that works under stress

Communication planning should account for delayed calls, poor reception, dead batteries, and people being unable to answer immediately. Designate an out-of-area contact who can relay updates between household members. The American Red Cross recommends identifying meeting locations and maintaining

contact details both in writing and on phones; these forms of redundancy are particularly valuable during a birth-related emergency.

Choose at least two meeting places: one nearby, such as a familiar public location, and one outside the immediate area if the usual location is inaccessible. Clarify who goes where and under what circumstances. If you are going directly to a maternity unit, record the exact entrance, parking or drop-off instructions, and an alternative arrival point if one is available. Verify these details with the facility because access arrangements may change.

Agree on a communication sequence. For example, the pregnant person or birth partner contacts maternity triage or emergency services according to clinical instructions; the backup support person contacts the driver and childcare provider; the out-of-area contact updates relatives. Text messaging may succeed when voice calls are congested, but a text should not replace emergency services or a clinician-directed call when immediate assessment is needed.

Prepare wallet cards or a compact contact sheet for each adult who may provide assistance. Keep a copy in the home, another with the transport person, and a digital version that can be accessed securely. Review privacy: share personal and medical information only with people who need it to coordinate care.

Plan transport, dependents, and practical logistics

Transport planning is a central part of readiness. Identify the primary driver and at least one backup. Check that the vehicle is operational, accessible, fueled or charged, and capable of carrying the people and equipment required. Record two routes to the intended facility and consider how weather, road closures, construction, or limited nighttime transport could affect travel. If private transport may be unsafe or unavailable, clarify in advance when to contact emergency services rather than attempting to travel independently.

Ask the maternity team whether there are circumstances in which you should call emergency services immediately. This decision is clinical and situation-specific; it should not be based on a generic checklist alone. If emergency services are involved, follow dispatcher instructions and communicate the exact location, access details, and relevant clinical information.

Arrange care for children, dependent adults, and pets. Name a primary caregiver and a backup caregiver, provide keys or access instructions, and document essential routines, medications, allergies, school contacts, and consent arrangements as appropriate. Include a plan for situations in which the birth partner must accompany the pregnant person and cannot coordinate these tasks.

Pack or identify essential items in advance, such as identification, relevant records requested by the maternity unit, prescribed medicines, phone chargers, and practical supplies for the pregnant person and newborn. Follow the facility's advice about what to bring. The goal is to support timely movement and communication, not to create an exhaustive inventory.

Coordinate the plan with your maternity team

Bring the plan to a prenatal appointment or discuss it with your midwife, obstetric clinician, or maternity unit. Ask them to confirm the appropriate contact pathway for labor concerns, reduced fetal movement or other warning signs relevant to your pregnancy, rupture of membranes, bleeding, severe pain, hypertension-related concerns, or any condition for which you have received individualized instructions. These examples are not a substitute for assessment, and the advice may differ according to gestational age, medical history, and local protocols.

Ask whether your records contain information that should be immediately available during an urgent call or transfer, such as blood group documentation, medication history, allergies, prior operative birth, or a planned treatment approach. Your clinician can advise which details are clinically important and how they should be recorded. Keep the information current if medications, residence, provider, or intended birth location changes.

Discuss contingency arrangements if your planned clinician is unavailable, the facility is temporarily unable to accept you, or transfer from a planned home or birth-center setting becomes necessary. A transfer plan should identify who initiates contact, how transport is arranged, which documents travel with you, and who informs family members. The clinical team remains responsible for determining the safest care pathway.

For people with significant medical or obstetric risk, ask whether a

personalized emergency plan, specialist consultation, or hospital-based review is appropriate. A clear plan is especially important when care involves multiple services or when the pregnant person has communication or mobility needs.

Rehearse, review, and update the plan

A short household rehearsal can reveal gaps that are easy to miss on paper. Walk through a daytime and nighttime scenario: who notices the need for help, who makes the clinical call, who gathers the information sheet, who drives or calls emergency services, who takes responsibility for dependents, and who updates the out-of-area contact. The rehearsal should be calm and practical, not a simulation of medical procedures.

Check that every adult can find the written contacts, identify the primary and backup meeting places, unlock the vehicle or home if needed, and locate chargers and essential documents. Confirm that phone contacts include the correct numbers and that more than one person knows the plan. Ask caregivers and backup drivers to confirm their availability rather than assuming it.

Review the plan at regular prenatal visits and whenever a major circumstance changes. Recheck telephone numbers, travel routes, due-date information, medications, support availability, and facility instructions. Consider seasonal risks, temporary relocation, planned travel, or periods when the birth partner will be away. A one-page summary is often easier to use than a long document, with additional details stored separately.

After an urgent event or an unexpected change in birth plans, allow time for a clinical and emotional debrief with appropriate professionals. Understanding what happened and updating the plan can support future care without assigning blame. Feeling frightened or overwhelmed is understandable; contact your healthcare team if you need help processing the experience.