PURPOSE

To provide appropriate and safe, quality patient care, during inter-facility transfers, for low-risk obstetrical and post-delivery patients.

DEFINITIONS N/A

**High risk**- conditions which are contraindications to standard ground transport. A sending facility physician may choose to attend the patient during the transfer but will assume total medical care. Consideration may be given to transport with a critical care/specialized maternal transport team via air or ground, if necessary.

1. Gestational age of < 37 weeks and in active labor

2. Active labor with contractions < 5 minutes apart and/or > 4 cm cervical dilation

3. Non-reassuring fetal status; i.e., meconium staining and/or abnormal fetal heart rate tracing and/or maternal infection

4. Multiple fetus with active labor

5. Eclampsia\* or severe pre-eclampsia

6. Receiving tocolytic drugs

7. Out of control diabetes or ketoacidosis

8. Placental abruption

9. Placenta previa with bleeding

10. Abnormal fetal lie with active labor

11. Preterm premature rupture of membranes (PPROM)

12. Known or suspected fetal syndromes and/or anomalies with active labor

\* Any pregnant patient who has had acute seizure activity

**Low risk**- conditions which would not be contraindications to standard ground transport.

 1. Active labor with contractions > 5 minutes and < 4 cm cervical dilation

 2. Ruptured membranes- no cervical dilation, no contractions

 3. Fetal demise

 4. Placenta previa without bleeding, no contractions, term pregnancy (37 weeks)

 5. < 23 weeks gestation

6. Mild to moderate pre-eclampsia (BP 140/90 but < 160/110 with proteinuria, NO symptoms such as headache/vision changes/RUQ pain and no significant lab abnormalities)

7. Post-partum patients with a firm palpable uterus and less than 5 births total

PROCEDURE

1. Sending Facility Assessment

a. In addition to a physical exam, the sending facility will complete a pelvic exam on all patients no greater than 15 minutes before transfer to transporting unit. Transfer information will include results of the exam including effacement, cervical dilation and time of exam or in postpartum patients the firmness of the uterine tone.

b. All postpartum patients and infants will be observed at the sending facility for a minimum of 1 hour post deliver, with glucose checks of the infant before transportation.

2. Transporting Agency Responsibilities

a. Agencies will only transport low-risk OB patients per the above criteria.

b. All OB transports require on-line medical direction and approval prior to transport. If the sending physician is transporting with the patient, medical control contact will not be required.

c. Providers should consider the need for an additional provider during the transport.

Documentation

1. Documentation will include but not be limited to the following:

 a. Criteria that the patient has met the low risk definition as stated in this policy

 b. Name of sending and receiving physician

 c. LMP on all pregnant patients

 d. Estimated date of confinement

e. Results of pelvic exam done 15 minutes prior to departure including, time of exam, effacement, and cervical dilation

 f. Name of physician accompanying agency and patient, when appropriate.

RELATED DOCUMENTS N/A

REFERENCES N/A