
**UNIVERSITY OF ILLINOIS AT CHICAGO MEDICAL CENTER
OBSTETRICS CLINICAL CARE GUIDELINE**

DATE: April 14, 2005 REVISED: November 13, 2007

SUBJECT: Management of the Obstetric Patient Requiring Transport

OBJECTIVE

To provide a prompt and efficient system to transfer maternal patients to an appropriate care facility while ensuring safe patient management during the transfer procedure. To establish and maintain a responsive feedback system to all referring physicians and staff on all transferred patients. To establish and maintain an accurate inter and intra hospital record keeping and tracking system for all maternal transfers.

DEFINITIONS

Level three hospital, or tertiary care hospital is an institution designated to provide care for low, intermediate, and high risk maternal and neonatal patients, maintain a 24 hours consultation and maternal-neonatal transport, plus additional specialty services.

Perinatal Center must have a university affiliation, be responsible for providing administrative coordination for implementing the IDPH regionalized health care program including education, and provide specialized services including a 24 hour consultation and transport service.

Network Hospitals: Hospitals which have signed letters of agreement with Illinois at Chicago Medical Center (UIMCC) to care for perinatal patients in need of a higher level of care.

Non – Network Hospitals: Hospitals which have not signed letters of agreement with the University of Illinois at Chicago Medical Center to care for Perinatal patients in need of a higher level of care.

One way transport occurs when a referring hospital will send a patient to UIMCC via ambulance. No UIMCC staff are used.

Two way transport refers to a qualified UIMCC Labor and Delivery (LD) or Antepartum nurse (RN) with ≥ 2 years LD experience in a tertiary setting and a paramedic supplied by the Ambulance Company transporting a patient to UIMCC.

Qualified Transport Nurse is a nurse who is a current employee of UIMCC, has 2 years experience in LD as a RN in a tertiary care center, recommended by the RN manager, demonstrates clinical competency in the use of the equipment, and communicates effectively with members of the health care system. Transport RNs complete designated training as well as specialized courses including: Neonatal Resuscitation Program (NRP)

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CPR certification, Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) Intermediate fetal monitoring course, and UIMCC transport class.

Coordinating nurse is the nurse responsible for organizing the logistics associated with the transport. The coordinating RN is the charge RN or designee of the charge RN.

Maternal Fetal Medicine (MFM) Physician is an obstetrician who is boarded in the subspecialty of Maternal Fetal Medicine or who is Board eligible.

POSITION STATEMENTS

Maternal-fetal transport should be made in anticipation of complications in either mother or her baby(s). The Center shall accept all medically eligible patients. If the Center is unable to accept a Network Hospital referral because of bed unavailability, or lack of the most appropriate specialized resource, then the Center shall arrange for admission to another tertiary perinatal Center in the statewide regional Perinatal Healthcare Program. Transporting patients from one hospital to another and from one care team to another requires a reliable communications system. In the event that UIMCC is closed for maternal transport the Perinatal Administrator is notified by phone or via E-Mail by the NICU Charge Nurse.

PROCEDURE

Transport Procedures/Responsibilities:

Pre-transport referring hospital: Physician will

1. Assess the patient (maternal/fetal unit)
2. Determine patient stability for one way transport versus needing a UIMCC team
3. Call the Perinatal Center Hotline (312)666-0555
4. Discuss patient management plan with UIMCC MFM and implement appropriate actions as needed.
5. Direct staff to make a copy of all the patient records to accompany the patient, including prenatal laboratory results such as HIV results, ultrasound reports.

UIMCC Perinatal Staff

Maternal Fetal Medicine Responsibilities: The obstetric activities of the Perinatal Center will be directed by a full time obstetrician/gynecologist certified in the subspecialty of maternal-fetal medicine. (Regionalizes Perinatal Health Care Code 640)

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Patient Acceptance:

1. The UIMCC MFM on call for transport/consultation requests must be aware of the UIMCC nursery status/ census before accepting a transport that may result in a delivery within 48 hours.
2. The UIMCC MFM on-call will discuss the request for patient one way or two way transport with the referring provider and make recommendations regarding patient stabilization and treatment as appropriate and document *as needed*.
3. *Transport/Consultation form should be placed in the Maternal Transport/ Consultation Binder and filed by hospital referral.*
4. If the request is accepted for one or two way transport, the MFM will discuss the recommendation with the LD Charge Nurse.
5. After transport, the MFM Physician on the Antepartum Service will maintain communication with the referral Physician regarding patient problems and progress and determine a plan for medical management which will ensure continuity of care after discharge. This will include, but may not be limited to, a call upon delivery or antepartum discharge and a copy of the discharge summary.

Patient Placement of Network Transfer Refusals:

1. If the request for transport must be refused due to census or staffing issues, the MFM Physician refusing the transport will arrange for placement at another Perinatal Center.
2. During the placement process, the MFM Physician will notify the referring Physician as to the status of the placement.
3. The Labor and Delivery Charge nurse will be notified of the final placement of the patient.
4. The L&D Charge Nurse will update the transport log to indicate patient placement

Coordinating Nurse Responsibilities:

Pre-transport:

1. Receives any calls from the referral hospital and relays information to the MFM Physician on call for Transport & Consultation.
2. *Directs the staff at the referral hospital to send pre-transport assessment form and a significant portion for the fetal monitor tracing via facsimile machine. As requested.*

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3. Documents the following information in the maternal transport log: date, time, and the name of the referring hospital, referring physician, and patient, and pertinent patient problems.
4. Discusses with MFM Physician on call the logistics of accepting or denying the one or two way transport based on obstetric census/acuity, staffing and neonatal intensive care census.
5. In the event of a two way transport, assigns the transport nurse.
6. If the ambulance does not arrive within 30 minutes the coordinating nurse will call the *ambulance company* back to check on the status of the request.
7. Contacts the referral hospital for an update on the patient's status and gives an expected time of arrival. If there is a delay, the nurse will call the referring hospital with the new estimated time of arrival.
8. Checks equipment and supplies prior to transport.

Two Way Transport: Nurse Responsibilities:

The transport nurse is responsible for coordinating patient care upon the team's arrival at the referring hospital and throughout the transport process.

During transport the nurse:

1. Acts as a liaison between the referral hospital and the UIMCC.
2. Calls UIMCC MFM Physician on call before leaving referring hospital, *if indicated*, and coordinates the patient care with the perinatologist.
3. Takes the patient chart, fetal monitor tracing, and patient belongings.
4. Informs the patient's family of the location and telephone number if the UIMCC.
5. Notifies the LD staff at the UIMCC of the patient's status, any equipment or services anticipated upon return and the estimated time of departure from the referral hospital.
6. Monitors patient during transport and documents on the antepartum flowsheet.
7. In the event there is a concern the transport nurse will call the MFM physician.

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8. Criteria: If delivery is imminent during the transport, the ambulance is diverted to the closest hospital with obstetric services.

Post Transport: The Transport Nurse will

1. Give report to receiving nurse.
2. Restock the maternal transport boxes and initiate changes.
3. Review all transport documents for accuracy and comprehensiveness, including maternal and fetal assessments, initiation of guidelines used in patient care, nursing and medical interventions and patient response, initial and subsequent medication dosages as well as time of dosage changes, and completed follow-up status report sent to referring physician and hospital.

Feedback Procedure and Responsibilities:

1. After transport, the MFM on the Antepartum Service will maintain communication with the referral Physician regarding patient problems and progress and determine a plan for medical management which will ensure continuity of care after discharge.
2. A written summary will be sent to the provider after discharge.

References

- American College of Obstetricians and Gynecologists and American Academy of Pediatrics. (1997). Guidelines for perinatal care.
- Association of Women's Health, Obstetrics, and Neonatal Nurses. (2005). The Role of Unlicensed Assistive Personnel in the Nursing Care for Women and Newborns: Clinical Position Statement. Retrieved March 21, 2005 from <http://www.awhonn.org>
- Joint Committee on Administrative Rules: Administrative Code. (2000). Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640). Effective August 4, 2000. Retrieved 04/14/05 from <http://www.ilga.gov/commission/jcar/admincode/077/07700640sections.html>
- Strobino, D. M. (1993). Development of an index of maternal transport. Medical decision making, 13(1), 64-73.

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Isabelle Wilkins, MD
Professor
Director, Obstetric Services
Director, Maternal Fetal Medicine
Obstetrics & Gynecology

Diana Tirol, RN, BSN
Administrative Nurse Manager
Women's Family Health Services

Date

Date

Beena Peters, RN, MS
Associate Hospital Director
Women's and Children's Services

Date