

Guidelines for Maternal Fetal Transport

During a maternal-fetal transport the patient is the joint responsibility of the transporting hospital and the tertiary center. In order that the transport be accomplished smoothly and safely the following guidelines should be followed:

During the initial call the referring hospital should supply the following information:

1. Hospital and physician requesting transport.
2. Significant medical and obstetrical history.
3. LMP estimated gestational age, gravity and parity.
4. Vaginal exam/sterile speculum exam findings (station, dilation, effacement and position).
5. Assessment of uterine activity (frequency and strength)
6. Medications.
7. Vital signs
8. Patient's name and date of birth.

Transport preparation:

1. If there is a clinical concern in regards to fetal status, part of the fetal heart rate tracing can be faxed to MMC labor and delivery for consultation if requested. This helps to identify cases where maternal transport may not be appropriate at the time (i.e. fetal distress, etc.). **DO NOT** send original tracing.
2. Copy the patient's chart and send it (if possible).
3. Begin an IV infusion with an 18 gauge IV catheter if appropriate.
4. No exam on patients with premature rupture of membranes not in labor or patients with vaginal bleeding.
5. If the patient is sent from the physician's office with the FHR stable by auscultation and no other signs of fetal distress, the referring physician may send the patient directly to the tertiary center.

Ambulance transport:

1. Maintain the patient in the lateral or high semi-Fowler position.
2. Experienced personnel should accompany the patient.
3. The decision regarding the presence of a physician from the referring hospital during ambulance transport is at the discretion of the transferring institution.
4. If a fetal monitor is available and the ambulance has electrical capabilities, continuously monitor the patient during transport. If this is not feasible obtain the FHR every 15-30 minutes by Doppler device. The FHR should be auscultated for at least a full minute.
5. Obtain maternal BP every ½ hour.
6. Documentation of FHR, BP and uterine contractions must be done during transport (see documentation record).
7. Oxygen may be used at any time maternal or fetal status is in question.

8. In the event of non-remedial fetal distress or if delivery is imminent the patient may be taken to the nearest hospital. The ambulance crew should notify the hospital of the patient's intended arrival.

PLEASE CALL THE TERTIARY CARE CENTER (207) 662-2589 WHEN THE PATIENT LEAVES IN THE AMBULANCE

Note: Ambulance personnel (paramedics) should be aware of Ambulance Transport Guidelines.