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Maternal Transfers

Owner		Department	Procedure Number
System Director of Women and Children's Services		Maternal-Newborn Department Specific	CP 16.01.09 PRO (DS)
Approver	**Original Effective Date**	**Last Reviewed Date**	**Last Revised Date**
Clinical Effectiveness Council	04/01/2006	06/01/2025	06/01/2025

Purpose.

To establish guidelines for transferring a maternal patient to a higher level of obstetrical/neonatal care.

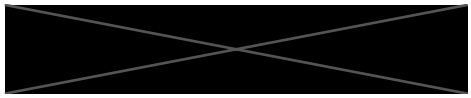
Scope.

Cape Canaveral Hospital, Holmes Regional Medical Center, Palm Bay Hospital, and Viera Hospital

Definitions.

Emergency Medical Condition: An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: Serious jeopardy to the health of the individual, serious impairment to bodily functions, serious dysfunction of any bodily organ or part. Specific to Pregnant Individuals: For a pregnant person who is having contractions, an EMC exists when: There is inadequate time to effect a safe transfer to another hospital before delivery or if transfer may pose a threat to the health or safety of the person or the unborn child.

EMTALA: Emergency Medical Treatment and Active Labor Act. It is a component of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Its purpose is to ensure that patients receive emergency or active labor care when they seek it. It governs when and how a patient may be transferred from one hospital to another.



Medical Screening Examination (MSE): The process required to reach with reasonable clinical confidence a determination whether an obstetric medical emergency does or does not exist. It may be performed by the physician or qualified health care provider.

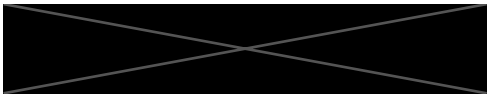
Procedure:

Non-Obstetric Hospital

A. The non-obstetric hospital will provide an appropriate Medical Screening Exam (MSE) to determine the patient's condition. If an emergency medical condition exists, such as active labor, the hospital must provide stabilizing treatments within its capabilities.
B. If the non-obstetrical hospital determines it cannot provide the necessary services (e.g. it lacks an obstetric (OB) unit, a physician must certify that the medical benefits of the transfer to the receiving hospital outweigh the potential risks to the pregnant patient and their unborn child.
C. A patient in labor, defined as contractions that are close together and a cervix dilated beyond a certain point - resulting in inadequate time to effect a safe transfer to another hospital before delivery constitutes an emergency medical condition. Additionally, if a transfer may pose a threat to the health or safety of the person or the unborn child, an emergency medical condition may exist. In these circumstances it is generally not advisable to transfer unless a physician and OB Hospitalist consult certifies the benefits outweigh the risks.
D. The non-obstetrical hospital must arrange for a timely transfer to a facility with space, qualified personnel, and equipment to treat the patient's condition. The receiving hospital must agree to take the transfer prior to sending the patient.
E. Clinical conditions necessitating a timely transfer from non-obstetrical hospitals include but are not limited to high risks conditions such as: severe preeclampsia (antepartum or postpartum), excessive pain in pregnancy > than 20 weeks, contractions, fetal intolerance-antenatal testing, lack of labor progress (labor prolonged and not progressing), Complications with antenatal excessive bleeding, premature rupture of membranes, and/or family request.

Hospital with Obstetrics Unit

A. Pregnant patients will have a timely Medical Screening Examination (MSE) completed prior to decisions regarding treatment and care.
B. A pregnant patient will be transferred to an Obstetric unit and will be evaluated by an OB Hospitalist/ Obstetrician or other qualified mid-level provider. This provider will perform an evaluation of maternal and fetal status and initiate appropriate stabilization procedures and/or transfer to a higher level of care if indicated.
C. The physician must certify in writing that the benefits of transfer outweigh the risks to the mother or the unborn child.



Responsibilities for all Maternal Transfers regardless of whether OB services are available at the sending facility: Physician to Physician (OB Provider) hand-off, Nursing to Nursing handoff and confirmation of transfer must all be performed and documented.

A. The ED Medical Provider/OB Hospitalists and/or Obstetrician:
    1. Assesses maternal and fetal status.
    2. Determines appropriateness of transfer.
    3. Secures acceptance of the patient by a physician at the receiving facility.
    4. Determines if ground or air transport is required
    5. Electronic Health Record order for transfer, including mode of transport required.
    6. Verify orders and treatment plan for patient enroute.
    7. Evaluates cervical dilation, effacement and presenting part prior to transport.
    8. Completes the Physician Assessment and Certification.
    9. Obtains signed "Patient Request/Refusal/Consent to Transfer."

B. The primary nurse:
    1. Notifies Health First Transfer Center of transport request. Note whether air ambulance or ground Advanced Life Support (ALS) unit will be needed; provide the patient's weight, receiving facility and accepting physician.
    2. Ensures signed "Patient's Request/Refusal/Consent to Transfer" is complete, including documentation of receiving facility, accepting physician and the name of the person responsible for bed assignment with the phone number.
    3. Initiates medical providers orders (IV access, medications, etc.).
    4. Provide hand-off to transport team nurses including pertinent history and current status.
    5. Calls report to receiving patient care area designated registered nurse.
    6. Relevant patient information, i.e. labs, prenatal history, MAR, etc. Should be copied for transfer with patient if indicated.

C. The patient/designee:
    1. Patients must be informed of the reasons for transfer, the risks and benefits, and their right to refuse transfer.
    2. When a patient requests a transfer, inform the patient of the hospital's obligation to provide emergency services and care, as well as the associated risks involved in the patient's decision to be transferred to another facility.
    3. Patients who are refusing treatment or transfer must have a signed written release obtained by all reasonable means.

D. The mode of transport:
    1. The sending physician is responsible for deciding and designating the most appropriate mode of transport. This decision may be made in collaboration with the receiving physician.
    2. The sending facility is responsible for arranging transport.
    3. The patient may be transported by emergent ground Advanced Life Support (ALS) transport or Air Ambulance, based on clinical conditions as determined by the sending physician. Air transport "may" be indicated in those cases where timing is critical, and expeditious transfer is required.

4. Air ambulance transport teams are critical care equipped and do not require additional staff to accompany the patient. Ground ALS crews may require additional support. This should be clarified at the time of transport request.
5. Air ambulance transport may be declined at the crew's discretion, based on policy and procedure and in collaboration with medical director guidance.

- **Exceptions.** None

References.

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Formerly known as. CP 16A.10

Secondary materials. None

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