

SUBJECT: **PERINATAL PATIENT DESTINATION**

PURPOSE: To provide guidelines for transporting perinatal patients to the most accessible facility appropriate to their needs.

DEFINITIONS:

Emergency Department Approved for Pediatrics (EDAP): A licensed basic or comprehensive emergency department that is designated by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system.

Newly born: Patients from birth to two hours after birth.

Perinatal: Patients who are at least 20 weeks pregnant.

Perinatal Center: A general acute care hospital with a basic emergency department permit and obstetrical service. This terminology is not intended to indicate the absence or presence of a neonatal intensive care unit (NICU).

PRINCIPLES:

1. Perinatal patients should be transported to the most accessible facility appropriate to their needs. This determination will be made by the base hospital physician or mobile intensive care nurse (MICN) after consideration of the guidelines established in this policy. Final authority for patient destination rests with the base hospital handling the call.
2. If delivery occurs prior to arrival at a hospital, the mother and the newborn should be transported to the same facility.
3. BLS units shall call for an ALS unit on perinatal patients who meet criteria outlined in Ref. No. 1200.4, BLS Upgrade to ALS Assessment; or transport perinatal patients to the most accessible perinatal center.
4. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: severity and stability of the patient's illness or injury; current status of the pediatric receiving facility; anticipated transport time; and request by the patient, family, guardian or physician.
5. For destination, specific for the newly born, refer to Ref. No. 510, Pediatric Patient Destination.

POLICY:

- I. The following perinatal patients should be transported to the most accessible perinatal center:

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- A. Patients who appear to be in active labor, whether or not delivery appears imminent
 - B. Patients whose chief complaint appears to be related to the pregnancy
 - C. Patients who appear to be having perinatal complications
 - D. Injured patients who do not meet trauma criteria or guidelines
 - E. Patients with hypertension (blood pressure 140/90 mmHg or greater)
- II. Post-partum patients (up to 6 weeks) with hypertension (blood pressure 140/90 mmHg or greater) shall be transported to a perinatal center.
- III. Perinatal patients who have delivered prior to arriving at a health facility should be transported to the most accessible perinatal center with an EDAP. Also consider a perinatal center with a NICU.
- IV. Perinatal patients meeting trauma criteria and/or guidelines, per Ref. No. 506, Trauma Triage, should be transported to a trauma center.
- V. Perinatal patients in cardiac arrest should be transported to a ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) with a Perinatal Center when feasible.
- VI. Perinatal patients for whom transportation to a perinatal center would exceed 30 minutes should be transported to a receiving facility which is also an EDAP.
- VII. The following perinatal patients should be transported to the most accessible receiving (MAR) facility:
- A. In acute respiratory distress
 - B. Chief complaint is clearly not related to the pregnancy
- VIII. Consideration may be given by the base hospital to:
- A. Patients who are equal to or less than 34 weeks pregnant, whose chief complaint appears to be related to the pregnancy should be directed to a perinatal receiving facility with a NICU, regardless of service area considerations/rules.
 - B. Honor patient destination requests for those patients who have made previous arrangements for obstetrical care at a given hospital. This consideration should be based on the following:
 - 1. If the condition of the patient permits such transport
 - 2. Transportation to the requested obstetrical facility would not exceed 30 minutes and would not unreasonably remove the ALS unit from its area of primary response

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**

Ref. No. 506, **Trauma Triage**

Ref. No. 510, **Pediatric Patient Destination**

Ref. No. 516, **Cardiac Arrest (Non-Traumatic) Patient Destination**

Ref. No. 834, **Patient Refusal of Treatment/Transport and Treat and Release at Scene**

Ref. No. 1200.4, **BLS Upgrade to ALS Assessment**