



## Advisory 21-17: Transport of Pregnant or Postpartum Patients

To: All EMS Agencies and Providers  
 From: Jeremy T. Cushman, Regional Medical Director *J. Cushman*  
 Date: November 10, 2021

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Patient safety and quality initiatives have identified EMS practitioner confusion on the most appropriate destination for a pregnant or immediately postpartum patient.

The following provides guidance to EMS practitioners who are transporting a pregnant or postpartum patient to the hospital. In general, the patient should be transported to the hospital to which they receive their obstetric care, are planning to deliver, or have delivered. There are some exceptions and the following table provides such guidance:

Clinical Presentation	Facility Recommendation
Cardiac arrest or hemodynamically unstable	Transport to closest facility
Meets Trauma, Burn, or Stroke Criteria	Transport to closest appropriate specialty facility
Active hemorrhage or active delivery in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester ( $\geq 22$ weeks)	Closest hospital with OB services Hospital of record/care preferred if equidistant
In labor, but not active delivery, or pregnancy-related complaints and hemodynamically stable	Hospital of record/care preferred
Pregnancy < 22 weeks	Hospital of record/care preferred
Post-delivery concerns and hemodynamically stable	Transport to hospital of delivery

The pregnant patient should be transported to the appropriate hospital as outlined above which is most likely where they receive their obstetric care. All area hospitals are capable of initial stabilization and management of any neonate. However, for situational awareness, the Neonatal ICU capabilities of each facility is outlined below.

NICU Capability	Facility
$\geq 22$ Weeks	Strong
$\geq 32$ Weeks	Rochester General
$\geq 34$ Weeks	Highland, Unity
$\geq 36$ Weeks	Noyes

Do not hesitate to contact this office with any questions.

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