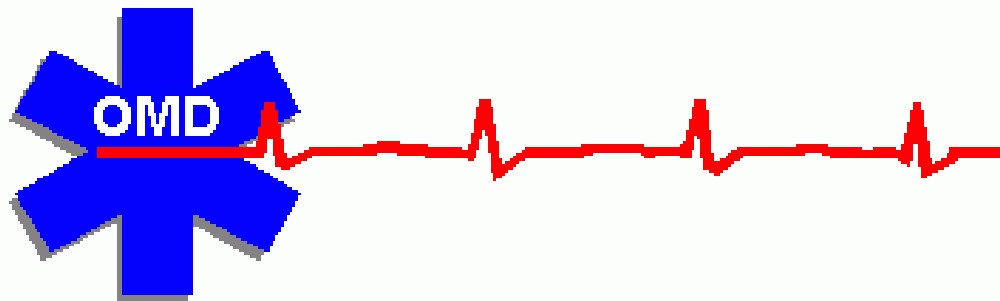


Information Regarding New OB Patient Procedures (≥ 20 weeks gestation) for Bayfront Medical Center

Effective January 12, 2010



Changes at Bayfront

- Beginning January 12, 2010 Bayfront Medical Center's Labor and Delivery services are moving to a location in the new All Children's Hospital Building
 - This includes certain postpartum services
- The location will be called the Bayfront Baby Place (BBP)
- Although there is a separate entrance for the BBP, ambulances will access the BBP through the ED doors, but go away from the ED to marked elevators to access the BBP on the 3rd floor

- The Bayfront ED will be responsible for assigning your destination based on your radio report or the MCO's report
 - WE HANDLE MORTON PLANT SIMILARLY, except that for Bayfront, the locations are physically at different hospital campuses
- These changes apply only to pregnancies at 20 weeks or more gestation but do not include patients who meet Trauma Center criteria (Trauma Alert or Trauma Center Destination Criteria)

Important Elements of Radio Report for OB Triage (to any OB destination)

- If not delivered, estimated gestation and delivery date if known
- Primary complaint/reason for transport if other than labor
- If abdominal or low back pain or otherwise obviously in labor, report presence or absence of vaginal bleeding, ruptured membranes, meconium or contractions
- If contractions are present, how far apart, whether patient is pushing (or wants to), presence of crowning/bulging perineum or fetal parts (visual inspection only)
- History of any prenatal problems or high risk factors
- If multiple pregnancy, how many babies
- If already delivered, are mom and baby in same transport unit or separate
- Quick assessment of stability of mom and baby/babies if delivered
- ETA (including loading time if not already enroute)

We do not anticipate changing any policies regarding transporting mom and baby together or separately as a result of this process. Use your best judgment.



The following slide gives you a general idea of what to expect from the BMC destination triage process. **YOU DO NOT NEED TO MEMORIZE IT or UTILIZE IT DIRECTLY!** It is for familiarization purposes only.

Pregnant patient known or suspected ≥ 20 weeks gestation
(NOT including trauma center patients)

SPECIAL NOTES:

- If unable to complete **BMC triage** for any reason, the default destination is **BMC ED**.
- If patient is **POSTPARTUM** for ≤ 30 days, may be triaged per BMC to **BMC ED** or **BMC Baby Place**.

Report called to BMC ED
by EMS unit or MCO

UNDELIVERED

- Mom unstable
- Delivery imminent
- Mom doesn't meet BMC Baby Place criteria per BMC ED

DELIVERED

- Mom unstable, baby **in same transport vehicle** (regardless of baby condition)

To BMC
ED

BMC triages to
destination

UNDELIVERED

- Mom stable and meets BMC Baby Place criteria per BMC ED

DELIVERED

- Mom and baby stable
- Baby stable, **in separate transport unit** from unstable mom

To BMC Baby
Place

DELIVERED

- Baby in distress, mom stable or **in separate transport unit**

To ACH
ED*

* Mom may go to Baby Place if in separate transport unit or if there is enough EMS staff to split mom and baby

Bottom Line

- When heading to Bayfront with a (≥ 20 week) pregnant, just delivered or less than 30 days postpartum patient:
 - Always call Bayfront ASAP to receive destination direction
 - Give a complete report and answer questions
 - Follow destination direction provided by Bayfront ED staff

If, for any reason, you cannot complete the BMC destination triage process, **default** to transport to the **Bayfront ED**.

Every attempt must be made to complete the destination triage process!!!!