

Triangle OB Maternal Transfer Grid 8/1/2024

The proposed purpose of the Transfer Grid is to guide decisions regarding maternal transfer for delivery (not prenatal care) to another facility with a higher level of care when there are known or anticipated maternal or fetal complications

Maternal Levels of Care at Triangle Facilities

Note: The conditions listed are examples of common maternal conditions. In addition to these examples, there are other complicated maternal conditions not listed that require level 3 or 4 care and patients should be considered for transfer to another facility with a higher level of care.

Level of Care	Level I	Level II	Level III		Level IV
	Basic Care	Specialty Care	Subspecialty Care		Regional Perinatal
	All Triangle	Rex	Rex	UNCMC	UNCMC
Facility Type					
Hospital					
Multiple gestations					
Twin gestations (di-di or mo-di)	x	x	x	x	x
Twin gestations (mono-mono)					x
Higher order multifetal pregnancy					x
Preterm labor and PPROM					
Preterm Labor					
Preterm prelabor rupture of membranes \geq 28 weeks			x	x	x
Preterm prelabor rupture of membranes <28 weeks					x
Preeclampsia					
Preeclampsia without severe features	x	x	x	x	x
Preeclampsia with severe features 34-37 wks		x	x	x	x
Preeclampsia with severe features >37 wks	x	x	x	x	
Expectant management of severe preeclampsia at 32-34 weeks gestation			x	x	x
Expectant management of early severe preeclampsia at < 28 weeks gestation			x	x	x
Preeclampsia with severe features by LFTs			x	x	x
Preeclampsia with severe features by Cr >1.5					x
Pregnant preeclampsia with severe features requiring ICU admission for pulmonary edema or nicardipine gtt					x

Maternal Conditions

HELLP Syndrome					X
Eclampsia					X
Operative considerations					
Uncomplicated cesarean delivery	X	X	X	X	X
Trial of labor after cesarean delivery		X	X	X	X
Vasa previa					X
Placenta previa with no prior uterine surgery		X	X	X	X
Placenta previa with prior cesarean but no findings consistent with PAS			X	X	X
Suspected placenta accreta or placenta previa with prior uterine surgery					X
Suspected placenta percreta					X
Diabetes					
Diabetes needing steroids and insulin titration					X
Diabetic ketoacidosis					X
Cardiac disease					
Maternal cardiac conditions (mWHO Class II-III, III or IV)					X
Pulmonary hypertension					X
Requiring neurosurgery or cardiac surgery >24 weeks					X
Neuraxial considerations					
Platelets 70-90			X	X	X
Platelets <70					X
Other					

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Bleeding diathesis at high risk of hemorrhage (Hemophilia A/B, von Willebrands)					X
Adult respiratory syndrome - concern for need for intubation					X
Acute or End Stage Renal disease					X
Unstable condition and in need of organ transplant					X
Prepregnancy BMI < 60			X	X	X
Prepregnancy BMI > 60					X

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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