

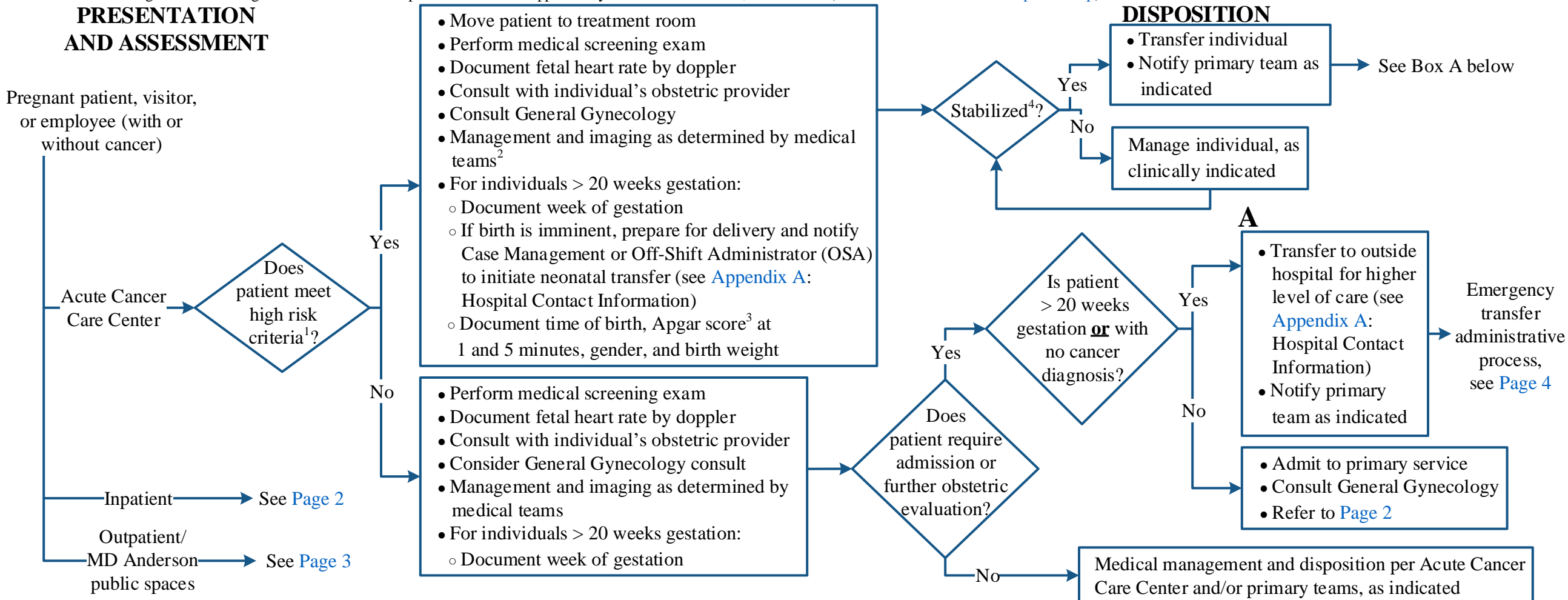
Triage, Stabilization and Transfer Process for Individuals with an Obstetric Emergency

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

Note: For emergencies occurring on MD Anderson campus locations not supported by the Code Blue Team, contact 911 ([Code Blue Team vs. 911 Response Map](#))

PRESENTATION AND ASSESSMENT

Pregnant patient, visitor, or employee (with or without cancer)



¹ High risk is defined as: maternal heart rate < 50 bpm or > 120 bpm, respiratory rate < 12 bpm or > 26 bpm, oxygen saturation < 95%, systolic blood pressure < 80 mmHg or blood pressure ≥ 135/85 mmHg especially with headache or visual changes, temperature ≥ 38.0° C, acute mental status change, active labor² or imminent birth, abdominal pain or cramping, active vaginal bleeding, spontaneous rupture of membrane, prolapsed cord or other serious condition such as trauma, sepsis, or seizures

² The medical condition of a woman having contraction is not considered an emergency if there is adequate time for her safe transfer before delivery or if the transfer will not pose a threat to the health or safety of the woman or the fetus

³ See [Appendix B: Apgar Score](#)

⁴ If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer **or** the expected benefits outweigh the increased risks of the transfer (see MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy)

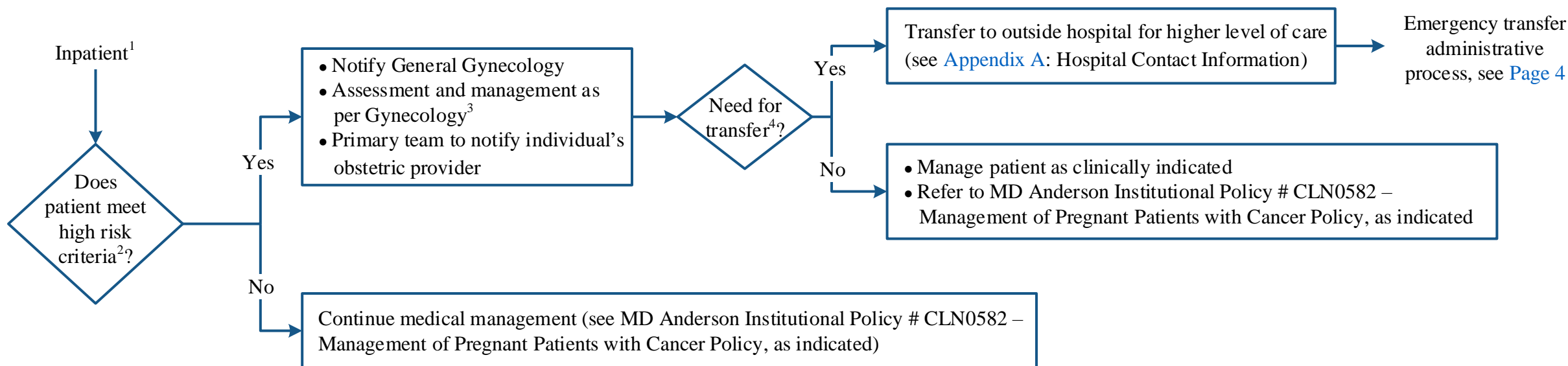
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PRESENTATION AND ASSESSMENT

DISPOSITION



¹ Applies to patients who are < 20 weeks gestation. For patients > 20 weeks gestation, see MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy

² High risk is defined as: maternal heart rate < 50 bpm or > 120 bpm, respiratory rate < 12 bpm or > 26 bpm, oxygen saturation < 95%, systolic blood pressure < 80 mmHg or blood pressure ≥ 135/85 mmHg especially with headache or visual changes, temperature ≥ 38.0° C, acute mental status change, active labor³ or imminent birth, abdominal pain or cramping, active vaginal bleeding, spontaneous rupture of membrane, prolapsed cord or other serious condition such as trauma sepsis, or seizures

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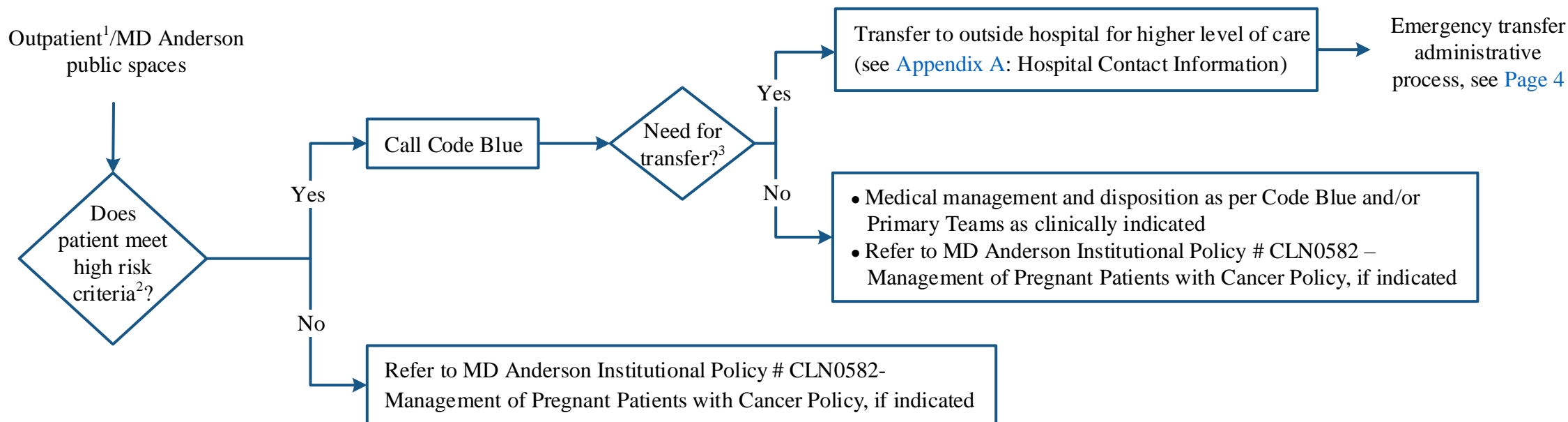
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PRESENTATION AND ASSESSMENT

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¹ For outpatient areas not covered by Code Blue services, call 911 and provide supportive care until Emergency Medical Services (EMS) arrives

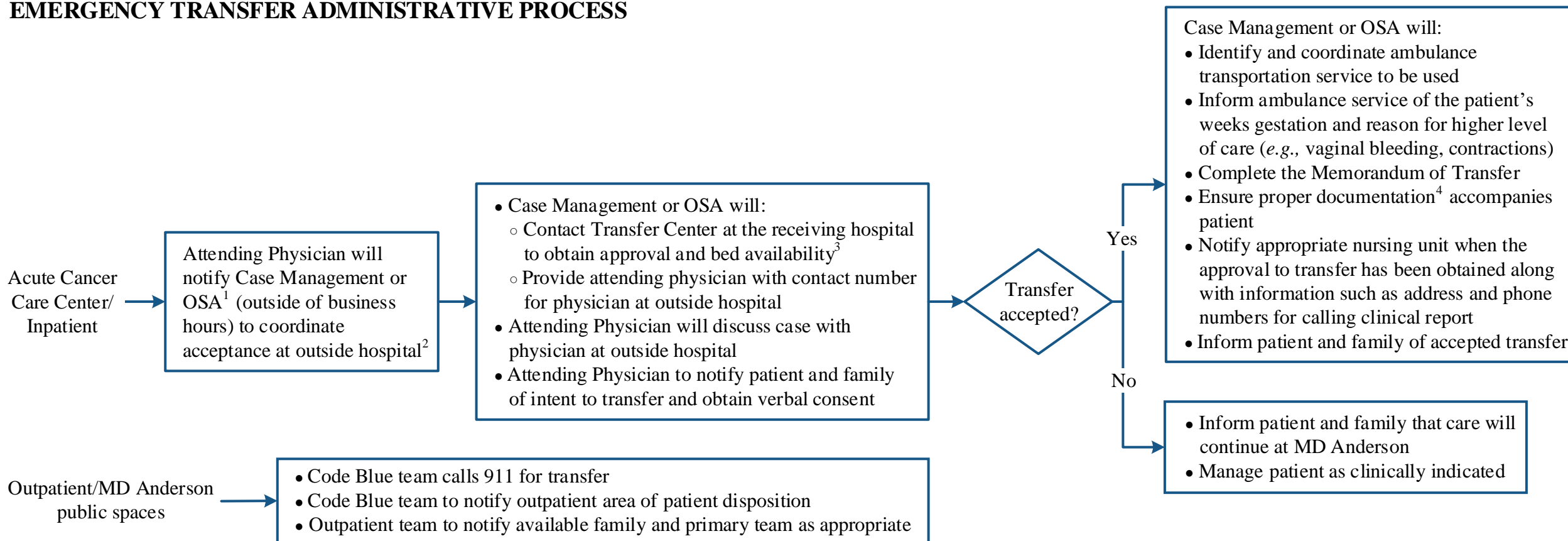
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EMERGENCY TRANSFER ADMINISTRATIVE PROCESS



¹ Contact Case Management or OSA via on-call schedule

² Refer to MD Anderson Institutional Policy # CLN0614 – Transfer of Patients to, from and Within MD Anderson Cancer Center Policy

³ Discuss with Attending Physician regarding preference for receiving hospital based on clinical scenario. See [Appendix A: Hospital Contact Information](#). If transfer approval is not promptly obtained, Case Management to contact alternate hospitals to avoid delay.

⁴ Documentation:

- “Face sheet”
- Medical records to include a current reconciled medication list and transfer orders per primary care team
- Others as appropriate

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APPENDIX A: Hospital Contact Information

Transfers	Neonatal Transports ¹
The Women's Hospital Transfer Center (713) 795-3000	The Women's Hospital Transfer Center (713) 795-3000
Texas Children's Pavilion for Women (832) 824-5550	Texas Children's Hospital (832) 824-5550/(877) 770-5550
Hermann Memorial Hospital (713) 704-2500/2577	Children's Hermann Memorial Hospital (713) 704-7232/2900
Ben Taub Hospital Transfer Center (713) 873-8601	
UTMB – All campuses 1-(800) 962-3648	

¹ Must be coordinated with the accepting transfer center prior to coordinating transport

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APPENDIX B: Apgar Score

Category	Score		
	2	1	0
Skin color	Normal color all over	Normal color but hands and feet are bluish	Bluish-gray or pale all over
Heart rate (HR)	HR > 100 beats per minute	HR < 100 beats per minute	No pulse
Reflexes	Pulls away, sneezes, coughs, or cries when stimulated	Facial grimace only when stimulated	No response when stimulated
Muscle tone	Active, spontaneous movement	Arms/legs flexed with little movement	No movement, limp
Breathing rate and effort	<ul style="list-style-type: none"> • Normal rate and effort • Good cry 	<ul style="list-style-type: none"> • Slow or irregular breathing • Weak cry 	No breathing

Combine the score from each category for a total Apgar score between 0-10

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SUGGESTED READINGS

American College of Obstetricians and Gynecologists. (2015). Committee Opinion No. 644: The Apgar score. *Obstetrics & Gynecology*, 126(4), e52–e55.
<https://doi.org/10.1097/AOG.0000000000001108>

American College of Obstetricians and Gynecologists. (2016). Committee Opinion No. 667: Hospital-based triage of obstetric patients. *Obstetrics and Gynecology*, 128(1), e16–e19.
<https://doi.org/10.1097/AOG.0000000000001524>

Angelini, D., & Mahlmeister, L. (2005). Liability in triage: Management of EMTALA regulations and common obstetric risks. *Journal of Midwifery and Women's Health*, 50(6), 472–478.
<https://doi.org/10.1016/j.jmwh.2005.07.006>

MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy

MD Anderson Institutional Policy # CLN0614 – Transfer of patients to, from and Within MD Anderson Cancer Center Policy

MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Emergent Triage/Transfer Process workgroup experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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