



## Maternal Fetal Transport Data Collection Tool

If you have questions, comments, feedback about improving this data collection tool, please contact Kelley Bowden at [kellybowdenrn@gmail.com](mailto:kellybowdenrn@gmail.com).

### Instructions

**Please do not include details such as patient name, date of birth, or address.**

**Please make every effort to fill out the sheet to the best of your ability, noting where information is not available, or you are unsure of the response.**

#### **Goals:**

- 1) Improve systems of care for pregnant women and their infants
- 2) Reduce maternal and infant morbidity and mortality

**Objectives:** Pilot test the maternal transport data collection form to identify the numbers of women needing transport to a facility with a higher level of care and to identify systems issues to address in improving maternal transports.

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**Column A Date of transport** - Enter the actual transport date in MM/DD/YY format.

**Column B Time of first call to MFM** - Enter the time the obstetric care provider first contacts maternal fetal medicine for a consultation and/or request to transfer. Use 24-hour time format.

**Column C Patient arrival at hospital to decision to transport (length of time)** – Click on the box for a list of options - less than 6 hours, 6-10 hours, 10-20 hours, and greater than 20 hours. Please select the one that most closely matches the time frame from patient arrival time at your hospital (including any time in the ED), up to the time of the decision to transport to a higher level of care. This does not include the time waiting for transport services.

**Column D Time EMS was requested** - Use 24-hour format. This is the time that your hospital initially requested transport services.

**Column E EMS arrival time** - Use 24-hour format. This is the time that the EMS service arrived at your hospital to transport the patient.

**Column F EMS service** - Enter the name of the EMS service.

**Column G Method of transport** - Click on the box and select air or ground.

**Column H Receiving facility** - Enter the name of the destination hospital where the patient was transferred.

**Column I Sending facility staff sent** - Click on the box to find a list of options. Please select the one that matches the type of the staff from your hospital who went with the patient during transport. Options include: None, MD/DO, MD/DO and RN, PA/NP/CNM and RN, RN, 2 RNs, and other (comment box). If the composition of staff sent is not included in these options, please enter it in the comment box found at the end of the spreadsheet (column P).

**Column J Transport delays** - Click on the box to find options of any delays to transporting the patient, which include: None, mechanical, no ambulance available, no bed available, patient condition change, patient hesitancy, weather, other. If you select 'other', please enter details in the comment box found at the end of the spreadsheet (column P).

**Column K Cancelled transport** - Click on the box to select options as to why the patient was not transported, including: N/A, patient refusal, active labor, unstable patient, NICU team activation, other. For patient refusal, this may include the situation when the patient initially agreed to transport and then changed their mind. Please select unstable patient if the patient is unable to be transported for reasons other than active labor. If you select the 'other' option, please enter details in the comment box found at the end of the spreadsheet (column P).

**Column L Gestational age** - Enter this number as the best estimate of gestational age. You may enter fractions as appropriate. For example, 34 3/7.

**Column M Primary diagnosis** - Click on this box to find a list of options. Please select the one most closely matching the **primary diagnosis**. Options include: Fetal indications (cardiac, congenital anomaly, etc.), Fetal distress, Maternal medical indication (describe in comments), Payer request, Postpartum to be with newborn, Preeclampsia/HELLP/Eclampsia, Preterm labor (less than 37 weeks), Premature rupture of membranes (less than 37 weeks), Vaginal bleeding/abruption/previa. You may also enter other diagnoses in the comment box found at the end of the spreadsheet (column P).

**Column N Plurality** - Click on this box to find a list of options: singleton, twins, triplets, quads or greater. Select one.

**Column O Medical record #** - For internal use only. Do not send the patient medical record number as part of the spreadsheet. Save the full file, for example as "March 2022 maternal transport data" in your hospital system. Once you have done that, please delete the column labeled medical record # (column O). Save the file as a separate document, for example, "March 2022 transport data - no MR numbers".

**Comments** - Add any additional information that will help us assess the maternal fetal transport system. **Do not include any patient identifiers.**