**Maternal Fetal Transport Go-No Go Algorithm**  
*(2018 Indiana Perinatal Transport Guidelines)*

At any point during this process the needs of the patient and her fetus(s) necessitate an individualized plan of care. This algorithm is meant as a guide only.

**Maternal stability may be defined as**
- Cervical dilatation ≤5 cm. If ≥5 cm and fetal presenting parts not through the cervix and pain ≤5 on 0-10 scale, not worsening and ctx ≥5 min apart
- Systolic BP ≤160 or diastolic BP ≤110 or ≥60
- Maternal pulse ≤120 and ≥40
- No active vaginal bleeding
- No acute psych episode
- No active seizure activity

**Fetal stability may be defined as**
- Category I tracing
- Category II tracing with moderate variability and intermittent decelerations and not worsening
- **fetuses < 32 weeks due to gestational age may display FHR tracing consistent with immature CNS. Its imperative to exclude other issues related to ↓variability and FHR decelerations prior to transport**