

The assisted maternal transport system in Lombardy: outcomes and reporting after the first year of implementation

Sara Consonni¹, Lyudmyla Todyrenchuk¹, Alessandra Silvaroli², Giulio Gilli², Irene Cetin³, Edda Pellegrini⁴, Anna Locatelli^{1,5}

¹Fondazione IRCCS San Gerardo dei Tintori, Monza, Italy.

²Astir s.r.l., Milan, Italy.

³Fondazione IRCCS Ca' Granda, Department of Biomedical and Clinical Sciences, University of Milan, Milan, Italy.

⁴Maternal and Child Committee, Lombardy Region, Italy.

⁵School of Medicine and Surgery, University of Milano-Bicocca, Milan, Italy.

DOI: 10.36129/jog.2024.S162

Objective. To share outcomes and reporting of the regional maternal transport system that has been implemented for the first time in all birth units in Lombardy.

Materials and Methods. The maternal-foetal care system in Lombardy is based on the Hub-Spoke integrated network model, which includes 11 Hub and 48 Spoke handling about 65,000 births per year. All transport requests are activated through an online platform that reports clinical variables and transfer timings. The phone calls between hospitals are managed and recorded by SOREU, which is also responsible for activating the ambulance. The transport is carried out by the healthcare staff of the transferring hospital, which must guarantee continuity of care until destination.

Data from June 2023 to May 2024 have been extracted.

Results. 555 maternal transfers have been performed. The transports have been addressed towards the reference Hub in 67.2%, another Hub in 21.3%, another Spoke in 11.5%. The main indications for the transport have been threatening preterm birth (43.7%) and preeclampsia (9.6%). The median time from transport request to arrival has been 86.13 min (min 53.9, max 367.5). 33.2% of the transferred pregnant women has actually delivered at the destination hospital. 69% of transfers has been performed before 32 weeks and 6% in periviable gestational ages. In only 2.8% of cases the maternal conditions have worsened during the transport. No serious adverse events nor deliveries occurred during the ambulance transfer.

Conclusions. These preliminary data suggest effectiveness and timeliness of the system. The periodic update of this report could be useful to monitor and improve its performance.