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# Newsletter

WINTER 2006 • VOLUME 2

## Maternal Transport

In spite of optimum medical care provided to a mother during her pregnancy, certain complications may arise that will necessitate a higher level of care for the mother and/or fetus. These complications, to name a few, include preterm labor, premature rupture of membranes, preeclampsia, bleeding and incompetent cervix. When these complications occur at a Level 1 or Level 2 hospital prior to 34-36 weeks gestation, it is well established that a coordinated maternal transport to a tertiary hospital, either by air or by ground, will provide the best outcome for mother and baby.

Mercy Medical Center and the Maternal-Fetal Medicine physicians at Perinatal Center of Iowa (PCI) have more than a decade of experience at providing maternal transport services. In 2004 alone, more than 100 women were transported to Mercy from across central Iowa for perinatal services and access to the Variety Neonatal Intensive Care Nursery.

It is our philosophy at Mercy that the key to a successful maternal transport

begins with communication between the referring health care provider and the perinatologist. This communication is necessary to ensure the appropriateness of the transport, and the initiation of key obstetric management therapies prior to transport, such as tocolytics, steroids and antibiotics. This discussion will also determine whether the patient should be sent by air or by ground. On occasion, the maternal condition may be determined to be unstable for transport, and the decision will instead be to proceed with delivery at the local hospital while arrangements are then made to send the neonatal transport team.

It is also the current philosophy at Mercy that patients requiring maternal transport are best managed by the same physicians who made arrangements for



## Maternal Transport *continued*

the transport, i.e., the PCI perinatologists. These patients, by definition, are high risk, often preterm, and with potential for a variety of maternal and fetal morbidities. Critical management decisions will be necessary, often balancing what might be best for the mother against what is best for the fetus. The anxiety level of these patients

is naturally quite high, with significant concern for the future health of their baby. **Patients transferred to Mercy have the reassurance that they will be directly cared for by board certified perinatologists, from the time of admission, to delivery if necessary, and then until they are discharged home.** In addition,

Mercy has an antepartum unit with a specialized nursing staff, as well as a Critical Care Obstetric Unit for those patients requiring more intensive care.

We are thankful, and yet humbled, that you have entrusted the care of your patients with us these past years. As we move forward, we pledge to continue

to care for each of your patients with dignity and to the best of our ability. While our first goal is that each of your patients can have an uneventful delivery at your hospital and close to their home, we stand ready to provide you with the assistance necessary when the unexpected complications arise.

## *Perinatal Rural Outreach*

Expectant mothers in rural central Iowa with high risk pregnancies are receiving specialized perinatal care otherwise not available to them by transporting to Mercy – Des Moines.

When Sara Muller was just 27½ weeks pregnant she got the bad news: she had pneumonia, further complicated by preterm labor. Sara and her husband, Ben, spent two days in Mercy Hospital – North Iowa before she got good news: she could be transported to Des Moines to get expert care from the Perinatal Center of Iowa.

The rural outreach of the center has helped hundreds of mothers with high-risk pregnancies. The center's doctors,

Drs. Joseph Hwang and Neil Mandsager, travel to other central Iowa medical centers to see patients through their entire pregnancy. When the time comes for delivery, the mother, if necessary, is then transported to Mercy Medical Center – Des Moines to help manage the risk and make everything go as smoothly as possible.

The Mullers were flown from Mason City to Des Moines on August 22, 2005 where they were met at Mercy by

Dr. Hwang. “The doctor checked me over and 20 minutes later I was wheeled into the O.R.,” Sara said. According to Sara, Dr. Hwang always involved them in the decision-making process and that made them feel more comfortable during that difficult time. “We had a lot of questions, and he spoke to our level,” Sara said.

Later that day Sara and Ben met their new baby boy, Ryan. Weighing in at 2 pounds and 11 ounces and measuring 15½ inches, Ryan was welcomed into the world and put under the care of Dr. Hwang.

Although the situation was a little concerning, the Mullers are extremely happy with the outcome. Sara believes that there is definitely an advantage to

specialty care. “That’s the reason Ryan is doing as well as he is,” she said. “It was a blessing to have the opportunity to receive such specialized care.”

