Example Clinical Criteria for Life or Limb-Threatened Pregnant Persons and Neonates

Life or Limb Policy
Supplemental Resource

Ontario Health

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Background

The Ontario Life or Limb Policy (2025) requires that persons with an episode of treatable time-sensitive critical illness (i.e., threats to Life or Limb) presenting at one Ontario hospital who would benefit from specific treatment at another hospital, have access to that treatment at the closest most-appropriate hospital within a best effort window of 4 hours.

The Policy expressly states that 'persons' includes infants and Life or Limb includes 'threats related to pregnant persons and/or in-utero transfers when newborns are anticipated to need a higher level of care.'

Purpose

The purpose of this document is to provide example clinical criteria to support referring and consulting physicians in having timely conversations related to care for Life or Limb threatened neonates and pregnant persons in labour, including when newborns are anticipated to need a higher level of care. The goal is to facilitate timely access to care and improved outcomes for these populations.

These examples of clinical criteria support referring physicians' requests for consultation from a centre that provides a higher level of care. These example clinical criteria are not meant to be exhaustive; there are other reasons a referring physician may seek consultation under the Life or Limb Policy. Persons meeting one or more of these examples or other clinical criteria may be confirmed Life or Limb threatened by the consulting physician, while in other cases they may recommend a transfer to a higher level of care via the urgent pathway (i.e., access to care is required within 4-24 hours).

For the purposes of this document, terminology is as follows:

- A **pregnant person** is at least 20 weeks gestation according to the best estimate available.
- A **neonate** is up to 44 weeks of post-conceptual age, this includes pre-term neonates who have yet to reach 44 weeks of post-conceptual age, and term-neonates who are of 4 weeks of chronological age and/or weight less than or equal to 5kg.

Example Life or Limb Clinical Criteria

Pregnant person who is in labour

1. Complex medical conditions of a pregnant person who is in labour, including:
    a) Severe cardiac disease.
    b) Hypoxemic respiratory failure necessitating mechanical ventilation, CPAP, or high flow therapy.
    c) Suspected placenta accreta spectrum disorder.
    d) Severe preeclampsia or eclampsia.
    e) Medical or surgical consultation or treatment needed urgently.

Note: For a pregnant person who is Life or Limb threatened for clinical criteria not related to their pregnancy, follow the usual Life or Limb process for adults, seeking consultation through CritiCall for the required specialty service area. Transfer to a hospital with obstetrical services available to consult is preferred.

Pregnant person who is in labour, where the newborn is anticipated to need a higher level of care

When possible, an **in-utero transfer is preferred for any newborn anticipating the need for a higher level of care.** This should be the primary mode of operation for Life or Limb declaration even if a pregnant person's condition does not meet the definition of Life or Limb.

1) Expected delivery which, by gestational age or other neonatal factors (e.g., surgical), will require a transfer to a higher level of care facility immediately after birth. According to the provincial NICU Levels of Care criteria, this includes:
    a. Gestational age <30 weeks (or if estimated fetal weight is known from ultrasonography within one week to be <1200 g) are appropriate for a Level 3
    b. Gestational age ≥ 30 weeks and 0 days (or if estimated fetal weight is known from ultrasonography within one week to be ≥1200 g) are appropriate for level 2c
    c. Gestational age ≥ 32 weeks (or if estimated fetal weight is known from ultrasonography within one week to be > 1500g) are appropriate for level 2b
    d. Gestational age > 34 weeks (or if estimated fetal weight is known from ultrasonography within one week to be 1800 g) are appropriate for a level 2a

2) Known fetal anomaly which will require timely (i.e., <24 hours) surgery or other specialist intervention/assessments at birth, such as congenital heart disease, congenital diaphragmatic hernia, abdominal wall defects, or multiple congenital anomalies that may compromise respiratory or hemodynamic status of the neonate at birth.
3) Severe fetal growth restriction (< 3rd centile for that gestational age, or <10th centile with abnormal fluid, biophysical profile, or Doppler studies) when the pregnant person is in labour at <34 weeks' gestation.
4) Persons presenting in active labour outside of a hospital setting and without a skilled birth attendant present (i.e., remote nursing station), regardless of gestational age or prenatal risk factors.

Neonate (<1 month of age)

1) Gestational age of newborn is out of scope for the level of care provided by that facility according to provincial NICU Levels of Care criteria. These are:
    a. < 36 weeks for Level 1 units.
    b. <34 weeks for Level 2a units.
    c. <32 weeks for Level 2b units.
    d. < 30 weeks gestational age for Level 2c units.
2) Neonate with or at imminent risk of respiratory, cardiovascular or neurological compromise with unstable vital signs.
3) Hypoxic ischemic encephalopathy who may be eligible for hypothermia treatment OR (cord umbilical artery or umbilical vein pH <7.0; or at 1 hour of age capillary/arterial blood gas pH <7.15 and Apgar < 6 at 10 minutes; plus alteration of level of consciousness, tone, primitive reflexes, pupillary responses, or requiring respiratory support)
4) Encephalopathy due to other causes or seizures.
5) Cranial birth trauma, including subgaleal hemorrhage.
6) Congenital anomalies requiring timely diagnostics/surgical intervention, such as congenital heart disease, cardiac arrhythmias, congenital diaphragmatic hernia, tracheoesophageal fistula, or abdominal wall defects.
7) Suspected bowel obstruction or perforation (includes imperforate anus).
8) Necrotizing enterocolitis requiring surgical consult.
9) Hypoxemic respiratory failure, including persistent pulmonary hypertension of the newborn.
10) Hyperbilirubinemia, at or nearing exchange transfusion.
11) Severe skin problems such as epidermolysis bullosa.
12) Refractory or severe hypoglycemia with intravenous access challenges.
13) Vascular access challenges in a neonate who needs such access on an imminent basis.

These example clinical criteria were developed by a working group with members including specialists in neonatology, neonatal transport medicine, and high-risk obstetrics, and was reviewed by the Maternal Newborn Committee of the Provincial Council of Maternal and Child Health (PCMCH), the Ontario Neonatal Intensive Care Advisory Committee of Critical Care Services Ontario, and the Pediatric and Neonatal Transport Committee of Ontario Health and PCMCH.

In collaboration with the Ministry of Health, Ontario Health and Critical Care Services Ontario, the Ontario Life or Limb Policy was updated and released in October 2025. The Policy was updated with the guidance of a leadership team that included the Ontario Health provincial program of critical care, CorHealth, Ontario Health Regions, Critical Care Services Ontario, CritiCall Ontario, and Ornge, as well as feedback received from over 30 partner engagement sessions with health system providers, clinicians, and patient and family advisors from each region of the province. The updated Policy aims to ensure equitable access to Life or Limb care for every person in Ontario.

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