

## Guidelines for in-utero transfer from Worcester Royal Hospital

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<b>Approved by:</b>	Maternity Governance Meeting	
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### Key Amendments

Date	Amendments	Approved by

### Introduction

Anyone arranging a transfer should ensure that they have spoken to someone at the receiving hospital who has the authority to allocate a bed. This should take place before transport is arranged or at the same time in urgent cases. Women must be transferred via ambulance with an appropriate escort. When an ambulance is available, and before it sets off, the availability of the bed should be confirmed and the receiving hospital told that the woman is about to be transferred.

### Patients covered

- Women between 24 and 34 weeks gestation who are in labour or who require delivery.
- Women at any gestation requiring delivery, when the neonate is likely to require admission to NICU and can not be accommodated in NICU at WRH.
- Women / neonate requiring the services of a tertiary referral unit.

### Guideline

- Clinical conditions must take precedence and therefore it may be necessary to consider delivering the woman at WRH and arrangements made for the baby to be transferred.
- In certain conditions, irrespective of preterm gestation it may not be appropriate to transfer the woman to tertiary / level three unit (e.g. in cases of known abnormalities like Trisomies 18 & 13 or other conditions which are not compatible with life). This should be decided by the obstetric and neonatal consultant after careful counselling of the parents.
- Close liaison with NICU and Delivery Suite staff is essential.
- Cases of suspected preterm labour should be confirmed by performing fetal fibronectin test before transfer (see guideline WAHT-OBS-070).
- On call registrar/consultant should inform the woman of the decision, need and urgency regarding the in-utero transfer.
- The midwife co-ordinator on delivery suite should discuss with the Senior Nurse co-ordinator in NICU whether there is a cot available. If there is no cot available the senior nurse should inform the on call consultant paediatrician who should contact the midwife coordinator to discuss options.
- Once the decision has been made to transfer the woman to a Regional Referral Centre, it is the responsibility of the registrar grade to arrange and confirm the transfer. She/he must liaise with the Delivery suite coordinator, who will help with the organisation and arrange an appropriate escort.
- **Locating a NICU with available space:**  
The first contact for locating an available cot should be via
  - Mon-Fri 0900 -1700 hrs Neonatal call centre 0121 626 4571
  - Mon-Fri 1701- 0859 hrs& weekends Check website [www.bwhct.nhs.uk](http://www.bwhct.nhs.uk)
 or  
 -The West Midlands Neonatal Information Website:  
<http://nwww.wmas.nhs.uk/wmni/>

Hospitals within the neonatal network should be considered first i.e. Birmingham Heartlands, Birmingham Womens and Birmingham City Hospitals if there are no cots available the registrar will need to contact other units within the region.

- Once a cot is found the on-call registrar / consultant should contact the hospital and ask to speak to the on call Paediatrician to confirm that there is a cot available and then to the on call Obstetrician to see if the delivery suite can accept the woman, record their name.
- If there is a bed and a cot available proceed with arrangements.
- The delivery suite coordinator will then contact ambulance control to arrange urgent transport for the woman and midwife and to confirm that the midwife will need to be brought back.
- The registrar should complete the in-utero transfer referral letter (Appendix 1) to accompany the woman. A copy of the letter should be filed in the woman's notes.
- The midwife should enter details in the in-utero transfer book in delivery suite. Relevant information from the woman's hospital notes should be photocopied and sent with the woman who should carry her handheld antenatal notes with her.
- The woman and her family must also be kept informed.
- Copies of any ambulance documentation should be filed with the woman's notes at the receiving hospital.
- The woman's condition should be appropriately monitored en route and clearly documented in the notes.

