Ashford and St. Peter's Hospitals
NHS Foundation Trust

WOMEN'S HEALTH AND PAEDIATRICS
MATERNITY UNIT

Intra-Uterine Transfer Guidance

Amendments			
Date	Page(s)	Comments	Approved by
April 2019		New Guideline	Women's Health Governance group

Compiled by: **James Thomas Consultant Obstetrician & Urogynaecologist**

In consultation with:

Ratified by: Women's Health Guidelines Group
Date ratified: **June 2019**
Date issued: **June 2019**
Next review date: **June 2022**
Target audience: All staff working within Maternity and Neonatal services

Equality Impact Assessment carried out by: **Divisional Quality Governance Manager**

Comments on this document to: James Thomas Consultant Obstetrician & Urogynaecologist

Executive summary

This guideline has been developed to provide guidance for both clinicians from both the referring and accepting hospitals to ensure safe, appropriate and timely transfer of women and to optimise the use of tertiary services.

Preterm (<28/40 or <1500g EFW)
These babies should be prioritised to be transferred to the level 3 unit.

Preterm (28-32/40 and >1500g EFW)
These babies can be transferred to either a level 2 or level 3 NICU.
The level 3 NICU should be allowed to prioritise smaller or more preterm babies.

Preterm (32-36/40 and >1500g EFW)
These should be dealt with at the local units

The acceptance can only be considered complete if the full information is completed in the "HIGH RISK OBSTETRIC TRANSFER FORM" (Appendix 1). This MUST be completed and emailed to the accepting hospital BEFORE the transfer is accepted. If the form is incomplete, transfer will be declined.
Appropriate reasons for transfer (The following are reasons for transfer to level 3 unit; this list is not exhaustive)

Preterm (<32/40 and/or EFW <1500g)

- Fetal Intra-uterine Growth restriction requiring delivery (we do not offer a tertiary level scanning service at present and therefore we will not accept women who require ongoing assessment eg ductus venosus 2-3x week rather than delivery)
- Threatened Preterm labour – With a positive fetal fibronectin or similar alternative test
- Preterm Ante-Partum Haemorrhage
- Early onset PET with baby likely to require early delivery
- PPROM

Reasons when transfer is inappropriate or unsafe

Delivery is likely to be not required. (These women who are unlikely to require delivery take up valuable spaces that may prevent transfer of women who are more likely to require delivery)

- ?Threatened preterm labour with a negative fetal fibronectin test (or similar equivalent test)
- Baby expected to require surgical / cardiac intervention in the early neonatal period.
- During office hours, if there is a referral for severe preterm IUGR, then discuss with fetal medicine consultant to ensure the plan is appropriate prior to transfer.

Risk of transfer is too high

- Woman is in active labour (labour is defined as painful contractions that cause dilatation of the cervix. NICE define established preterm labour as the cervix being ≥4cm dilated with regular painful contractions).
- Women in early labour (less than 3cm, then if the contractions can be stopped with tocolysis and two VE's 2-4 hours apart are unchanged, transfer can be considered. A repeat cervical assessment immediately prior to transfer is mandatory)
- Active ongoing bleeding.
- Significant maternal illness (either sepsis or haemodynamic instability).
- CTG is abnormal (these babies need delivery immediately as they may not survive transfer)
- BP uncontrolled (more than 150/100) on medication.
- Severe PET requiring intra-venous anti-hypertensives or MgSO4 (This is a significant clinical risk to the mother, for her safety, the baby should be delivered locally with retrieval services present at delivery)
- SROM with transverse lie (If, after a period of stability when there is a normal CTG and no evidence of cord prolapse, transfer can then be considered).

Contents

Appendices

1. Introduction

1.1 The ultimate aim for maternity and neonatal services is that all babies should be delivered at the appropriate place that can deal effectively with their complexity and gestation. For the majority of situations, the decision for transfer to the appropriate unit is a straightforward one, however, there are situations when transfer can be either not required or even unsafe.

This guideline has been developed to provide guidance for both clinicians from both the referring and accepting hospitals to ensure safe, appropriate and timely transfer of women and to optimise the use of tertiary services and aims to facilitate a common approach to the management of babies admitted under neonatal care at ASPH. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending obstetric consultant.

It must be clear that transfer is not a "one off" discussion and should be an ongoing dialogue between the two units; a safe transfer can become unsafe and vice-versa. If a transfer is not considered safe at the time of the primary discussion, there should be a plan made with the NICU transfer team to arrange safe retrieval of the baby and also for the referring hospital to further contact the obstetric team if the situation changes and transfer becomes safe.

The decision for delivery and hence responsibility ultimately lies with the accepting hospital. The referring unit therefore should warn women that they may need to be delivered but should refrain from giving women and families specific expectations.

2. Scope

2.1 This guideline in relevant to all maternity and neonatal staff who are involved in the decision to consider, arrange and accept an inutero transfer to Ashford & St Peters NHS Foundation Trust.

Categories of prematurity

Preterm (<28/40 or <1500g EFW)
These babies should be prioritised to be transferred to the level 3 unit.

Preterm (28-32/40 and >1500g EFW)
These babies can be transferred to either a level 2 or level 3 NICU.
The level 3 NICU should be allowed to prioritise smaller or more preterm babies.

Preterm (32-36/40 and >1500g EFW)
These should be dealt with at the local units.

3. Purpose

3.1 The purpose of the guideline is to provide a clear pathway and operational framework for the management of babies born at Ashford & St.Peter's NHS foundation Trust.

4. Duties and responsibilities

Referring hospital

Obstetric registrar/consultant

- To provide comprehensive and accurate information to the receiving Trust of the clinical situation, including details of communications had with the woman.

- To complete the inutero transfer information form following direct conversation with the duty obstetrician and email to the ASPH prior to the woman being accepted using the email address below

asp-tr.obstetric-transfers@nhs.net

Receiving hospital

Labour ward consultant

- Between 0900 – 2100 the labour ward consultant should make the final clinical decision on whether the transfer is appropriate. Between 2100 – 0900 the registrar will take the call but should discuss with the on call consultant.

Labour Ward shift leader

- The labour ward shift leader will, in conjunction with the obstetric team review the current activity and acuity levels on the labour ward and the staffing levels for the current and oncoming shift to ensure there is sufficient capacity and staffing levels to provide an appropriate level of care to the incoming transfer.
- Between 08.00 -20.00, escalate to the most senior midwifery manager on duty if there is concern that accepting the transfer would be unsafe. The senior manager will review the current situation in relation to staffing and acuity and make the final decision, in conjunction with the labour ward consultant, regarding acceptance or refusal of the transfer.
- Communicate with the neonatal team following acceptance of the transfer, providing a copy of the transfer form for information.
- Prepare a suitable environment and midwife to be available to the woman on arrival.

5. Policy

5.1. Protocol for transfer acceptance

- The Neonatal unit will be presumed to be open unless labour ward is informed otherwise.
- Referring hospital should contact the Labour Ward on 01932 722160 and confirm that a cot is available and discuss the clinical scenario and ensure that they can physically accept the transfer (taking into account acuity and staffing levels)
- The case should be discussed on its individual merits to ensure the following criteria are met
    I. The transfer is appropriate

II. The mother is stable for transfer
III. The risk of delivery 'en-route' is minimal
IV. The baby does not require immediate delivery

- The acceptance can only be considered complete if the full information is completed in the "**HIGH RISK OBSTETRIC TRANSFER FORM"** (Appendix 1). This MUST be completed and emailed to the accepting hospital BEFORE the transfer is accepted. If the form is incomplete, transfer will be declined.
- Between 0900 – 2100 the labour ward consultant must make the final clinical decision on whether the transfer is appropriate. Between 2100 – 0900 the registrar will take the call but should discuss with the on call consultant.
- Following acceptance, the neonatal unit will be informed of the situation by the obstetric team.

5.2. Appropriate reasons for transfer (The following are reasons for transfer to level 3 unit; this list is not exhaustive)

Preterm (<32/40 and/or EFW <1500g)

- Fetal Intra-uterine Growth restriction requiring delivery (we do not offer a tertiary level scanning service at present and therefore we will not accept women who require ongoing assessment eg ductus venosus 2-3x week rather than delivery)
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5.3. Reasons when transfer is inappropriate or unsafe

Delivery is likely to be not required. *(These women who are unlikely to require delivery take up valuable spaces that may prevent transfer of women who are more likely to require delivery)*

- ?Threatened preterm labour with a negative fetal fibronectin test (or similar equivalent test)
- Baby expected to require surgical / cardiac intervention in the early neonatal period.
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Risk of transfer is too high

- Woman is in active labour (labour is defined as painful contractions that cause dilatation of the cervix. NICE define established preterm labour as the cervix being ≥4cm dilated with regular painful contractions).
- Women in early labour (less than 3cm, then if the contractions can be stopped with tocolysis and two VE's 4-6 hours apart are unchanged, transfer can be considered. A repeat cervical assessment immediately prior to transfer is mandatory)
- Active ongoing bleeding.
- Significant maternal illness (either sepsis or haemodynamic instability).

- CTG is abnormal (these babies need delivery immediately as they may not survive transfer)
- BP uncontrolled (more than 150/100) on medication.
- Severe PET requiring intra-venous anti-hypertensives or MgSO4 (This is a significant clinical risk to the mother, for her safety, the baby should be delivered locally with retrieval services present at delivery)
- SROM with transverse lie (If, after a period of stability when there is a normal CTG and no evidence of cord prolapse, transfer can then be considered).

6 Approval and Ratification

This guideline will be approved and ratified by the Women's Health Governance Group.

7. Dissemination and Implementation

This guideline will be uploaded to the trust intranet 'Maternity Guidelines' & 'Neonatal Guidelines' page and thus available for common use.

This guideline will be shared as part of ongoing education within the Maternity & Neonatal Unit for both medical and nursing staff.

This guideline will be shared with maternity units within Surrey Heartlands Local Maternity System and other relevant maternity units within the Kent Surrey & Sussex clinical network.

All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

8. Review and Revision Arrangements

This policy will be reviewed on a 3 yearly basis.
If new information comes to light prior to the review date, an earlier review will be prompted.

9. Document Control and Archiving

Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Women's Health Governance Group . A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

10. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
Appropriateness of intrauterine transfer	Datix reports BadgerNet clinical review	Annual	Obstetric registrar	Women's Health Governance Meeting

Appendix 1

HIGH RISK OBSTETRIC TRANSFER FORM for transfers to Ashford & St Peters Hospital (page 1)

Please complete as much information as possible

Referrer: ……..……Referring Hospital:……..… Date: ……..

Responsible consultant:……..Time:……..

Mothers Surname: …… First name: ……. Date of Birth: ……...

BMI : ……

Reason for Referral:…….

Gestation: W……D…….. EDD: ……Single / Multiple / Triplet DCDA / MCDA / Other

Presentation(s): ……

Parity: ……..

Previous delivery details (mode / gestation):
……
……
……

CLINICAL DETAILS

1. Presentation at referring hospital

Date: ……. Time: ……

1. Clinical problem

☐ Threatened preterm labour

☐ Premature rupture of membranes

Date …….. Time ……..

☐ Pre-eclampsia

☐ APH

☐ Fetal growth restriction

HIGH RISK OBSTETRIC TRANSFER FORM for transfers to Ashford & St Peters Hospital (page 2)

Onset date: …… time: ……..

Current uterine activity: …….

Frequency …….. Length ……

Fibronectin result if done: ……. Date performed ……

2. Cervical dilatation Y / N

If yes, dilatation: …… Time: ……

3. Rupture of membranes Y / N

Date:……. Time: ……

4. Treatments

Steroids: 1. …….. 2. ……

Tocolysis: …….

Antibiotics: …….

Antihypertensives: …….

Magnesium: ……

5. Fetal Assessment Date: ……

Presentation: …….

EFW: ……

Placenta: …….

Dopplers: ……..

Abnormalities / invasive testing?: ……

6. Maternal co-morbidities

- ☐ GDM / DM
- ☐ Renal disease
- ☐ Hypertension
- ☐ Obesity
- ☐ Psychiatric
- ☐ Alcohol

Other…….

7. Safeguarding Y / N
Details:

10: ADVICE GIVEN BY RECEIVING HOSPITAL (VE prior / MgSO4 to stop for transfer / BP control etc)

11. EXPECTATION FOR TRANSFER:

- Delivery
- Observation in case labours / needs delivery
- Other ……

Details of discussion with mother:

APPENDIX 2: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Julie Comer Divisional Quality Governance Manager
Policy:

Background • Who was involved in the Equality Impact Assessment
Governance Team
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The policy was reviewed to ensure it was inclusive of race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
The outcome of the review was that this policy is inclusive of all the above.
Conclusion • Provide a summary of the overall conclusions
Policy is inclusive
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
Policy is fit for purpose

APPENDIX 3: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document:
Policy (document) Author:
Executive Director:

		Yes/No/ Unsure/N A	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	Y	
	Who was engaged in a review of the document (list committees/ individuals)?	Y	
	Has the policy template been followed (i.e. is the format correct)?	Y	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are local/organisational supporting documents referenced?	Y	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	Y	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary	Y	

		Yes/No/ Unsure/N A	Comments
	training/support to ensure compliance?		
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Y**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?		

Committee Approval (Women's Health Governance Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**James Thomas**	**Date**	**26 June 2019**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			