In utero transfer – cross site - Full Clinical Guideline

Reference no.: UHDB/IP/05:24/T3

Introduction

The NHS England Neonatal Critical Care service specification indicates that all women and their babies should receive perinatal and early neonatal care in a maternity service with a NICU facility.

With the publication of Better Births V 2 and the Neonatal Critical Care Review, there is a national drive to optimise in-utero transfer (IUT) within networks wherever possible. There is strong evidence that babies who are born in centres with NICUs then the outcomes for those babies are much improved, both in terms of mortality and morbidity.

The Maternity and Neonatal Service provided at UHDB is delivered across the two sites at the Royal Derby Hospital and Queen's Hospital Burton. Each of the Neonatal Units contributes different components to our overall Service providing to over 10,000 deliveries /annum. As we work towards delivering the national requirements of the Critical Care review with Derby site as an established Local Neonatal Care Unit and Burton site as a Special Care Unit it is important that babies are delivered in the most appropriate part of the Service according to their needs or potential needs.

This will result in the transfer of some expectant mothers between the Maternity Services either Antenatally or prior to delivery of their baby. Transfer is optimum prior to the delivery avoiding transport of the baby after delivery and the resulting separation of Mother and Baby. Repatriation back to the original booking site is also important as soon as feasible and safe.

Aim

The purpose of this document is to provide a basis on which safe and appropriate in utero-transfers (IUT) can take place cross site within UHDB with an overall objective to provide a service that facilitates the best possible outcome for babies and their families.

Indications for IUT

The reasons for needing to transfer a woman cross-site:

Clinical:

- Need for enhanced care for mother and/or neonate where a preterm delivery is anticipated

Operational:

- NICU closed (Staffing/workload)
- Neonatal request (Staffing/workload)
- Delivery suite capacity (Staffing/workload)

Queen's Hospital Burton

1. Pregnancy < 27 weeks gestation (or <28 week twins)
   Transfer to Maternity Service with Tertiary Neonatal Intensive Care (see extreme preterm and IUT guideline)

2. Pregnancy of 27-32 weeks gestation
   - Royal Derby NICU Status Green or Amber (check daily Sitrep)

   Liaise with RDH Maternity & Neonatal Services to arrange antenatal transfer

   - Royal Derby NICU Status **Black** or **Red** contact Centre to identify available bed in appropriate Unit & transfer

3. Pregnancy of 32 weeks or above
   Deliver in QHB if Unit Status **Green** or Amber
   Antenatal transfer to Royal derby if Status **Black** (check daily Sitrep)

Royal Derby Hospital

1. Pregnancy <27 weeks gestation or <28 weeks if multiple pregnancy or a baby <800g
   Transfer to Maternity Service with Neonatal Intensive Care

2. Pregnancy > 26 weeks gestation
   Deliver in Royal Derby if NICU Status **Green / Amber/ Red**

3. Pregnancy 32 weeks or above
   If Royal Derby Status **Red** / **Black -** Antenatal transfer to Burton if Status **Green / Amber (check daily Sitrep)**

All potential IUT's must have a full clinical assessment to try and assess the likelihood of delivery including where appropriate Actin- Partus test.

To reduce the number of IUT cases, which are a source of significant anxiety for parents, having both a financial and psychological impact on the family, as well as an operational impact on delivery suite, the decision and rationale for transfer has to be clear.

All potential transfers must be authorised by the on call obstetric consultant, following discussion with the consultant neonatologist/paediatrician of the referring hospital.

Contraindications for IUT

- Pregnancy less than 27 weeks for singleton pregnancy and less than 28 weeks for multiple pregnancies should have an **in utero transfer outside UHDB** to a level 3 unit as per extreme preterm guideline
- Potentially lethal condition where active intervention of the fetus is not being considered even if live born. (In cases of fetal abnormalities these cases should be discussed with fetal medicine specialists)
- Active labour where the chance of delivery in the ambulance en route is considered likely

- Maternal condition which may require intervention during transfer (antepartum haemorrhage or uncontrolled hypertension) or relevant to the place of delivery for maternal reasons
- Known fetal compromise requiring immediate delivery, including abnormal cardiotocography (CTG)
- Mother refuses transfer.

Maternal Consent

- Maternal agreement needs to be obtained prior to transfer. Informed consent can only be gained following detailed discussion between the woman, obstetrician and neonatologist. This should then be documented clearly within the woman's notes stating the reason for transfer and confirming that the woman has understood and is fully informed.
- If a mother refuses, she cannot be transferred against her wishes. In the event of a woman refusing transfer, timely and compassionate communication needs to be undertaken by senior staff and should include the local obstetrician and neonatologist.
- The mother will need to be fully aware and understanding of the risks that refusal may bring to both herself and her baby, and this in turn should be documented clearly within the obstetric notes stating that both the risks and benefits have been explained and understood.
- The mother will then need to be informed of the chance of an ex-utero transfer after delivery if it is deemed in the baby's best interest

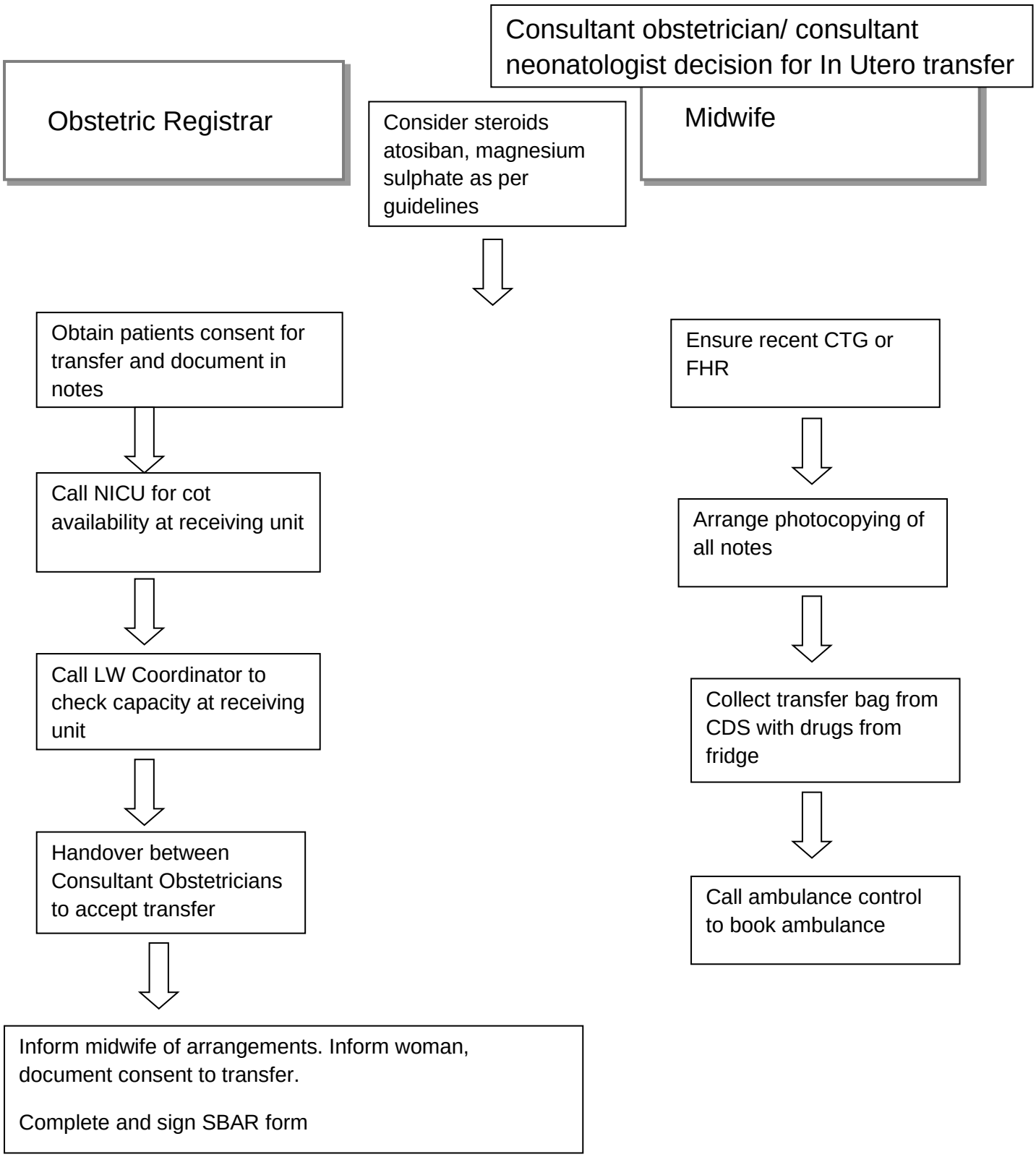
Process

1. Once the decision has been made to transfer, it is the referring unit's responsibility to arrange a safe and efficient transfer
2. A cot space in the receiving unit should be sought firstly by contacting the Neonatal nurse in charge on NICU
3. On finding an available neonatal cot, the registrar at the referring unit must contact the labour ward co-ordinator at the receiving hospital to check capacity which is subject to her assessment of current workload on Labour Ward and Post Natal Ward
4. Once the NICU and labour ward confirm that they can accept transfer, Obstetric consultant to consultant handover should take place.
5. On Accepting transfer – The registrar should complete Obs SBAR proforma and a photocopy of the obstetric notes including all relevant test results should be taken.

Safeguarding:

Where there are safeguarding issues, any transfer of care must include information about the case and details of all key professionals. (Lead Consultant, Midwife, Health Visitor, Social worker, GP and Safeguarding Lead). It should be ensured that all staff who take over the care of the woman are aware of what the issues are and who the key professionals are. All issues and contacts should be clearly documented in the handover notes.

Flowchart for cross site in utero transfer



East midland preterm birth group- East Midlands Neonatal Operational Delivery Network

Documentation Control

Version: **UHDB Version 2**		**Status: FINAL**	**Reference Number** UHDB/IP/05:24/T3
Version	Date	Author	Reason
1	April 2021	Miss Chaudhry – Obstetric consultant Dr N Ruggins – Neonatal consultant	Merged Trust guideline to agree on transfer across sites. Referred to extreme preterm guideline and transfer
1.1	July 2023	Cindy Meijer - Lead Digital Midwife	To be inline with neonatal Critical Care Pathway
2	April 2024	Miss Chaudhry – Obstetric consultant Dr N Ruggins – Neonatal consultant	Triannual review

Intended Recipients: All staff with responsibility for caring for women in preterm babies and for preterm babies	
Training and Dissemination: Cascaded electronically through clinical leads/midwives/doctors Published on Intranet: Articles in divisional newsletter	
To be read in conjunction with: Extreme preterm birth guideline	
Consultation with:	
Business unit sign off:	01/05/2024: Maternity Guidelines Group: Miss A Joshi - Chair 07/05/2024: Maternity Governance Committee/CD – Mr R Deveraj
Notification Overview sent to TIER 3 Divisional Quality Governance Operations & Performance: 21/05/2024	
Implementation date:	23/5/2024
Review Date:	May 2027
Key Contact:	Joanna Harrison-Engwell

CONTACT NUMBERS		
First line to obtain NICU cot status and maternal bed availability: 365 Handling Service (East Midlands Neonatal ODN footprint): **0300 300 0038**		
Every effort should be made to keep baby within the Network, direct contact numbers as below		
Level 3 (NICU)		
Nottingham City Hospital Hucknall Road; Nottingham NG5 1PB **0115 969 1169 extension 55216 or 55215**	Queen's Medical Centre Derby Road; Nottingham NG7 2UH **0115 924 9924 extension 64120**	Leicester Royal Infirmary Infirmary Square; Leicester LE1 5WW **0116 258 6464**
Level 2 (LNU)		
Royal Derby Hospital Uttoxeter Road; Derby DE22 3NE **01332 785644** **Labour ward: 01332 785140**	Northampton General Hospital Cliftonville; Northampton NN1 5BD **01604 545520 or 01604 545320** **Labour ward: 01604 545058/545426**	King's Mill Hospital; Mansfield Road; Sutton in Ashfield NG17 4JL **01623 672243** **Labour ward: 01623 672242**
Lincoln County Hospital Greetwell Road; Lincoln LN2 5QY **01522 573604** **Labour ward: 01522 573805**	Kettering General Hospital Rothwell Road; Kettering NN16 8UZ **01536 492882** **Labour ward: 01536 492878**	
Level 1 (SCU)		
Queen's Hospital Burton Belvedere Road; Burton on Trent DE13 0RD **01283 511511 extension 4346 or 4347** **Labour ward: 01283 566333** extension 4355 or 4356	Leicester General Hospital Gwendolen Road; Leicester LE5 4PW **0116 258 4800** **Labour ward: 01162 584807**	Pilgrim Hospital (N) Sibsey Road; Boston PE21 9QS **Neonatal 01205 445404** **Labour ward: 01205 445424**
Additional Level 3: Only to be used in case IUT to none of the above can be accepted		

Birmingham Heartlands Hospital Neonatal: 0121 4243508 Maternity: 0121 4243514	Birmingham Womens Hospital Neonatal: 0121 3358190 Maternity: 0121 3358220	University of North Midlands Neonatal: 01782 672400 Maternity: 01782 672333
New Cross Wolverhampton Neonatal: 01902 694032 Maternity: 01902 694031	University Hospital Coventry Neonatal: 02476 966668 Maternity: 02476 967333	Sheffield Jessops Wing Neonatal: 0114 2268356 Maternity: 0114 2261035
Hull University Hospital Neonatal: 01482 604391 Maternity: 01482 604490	Bradford Royal Infirmary Neonatal: 01274 364522 Maternity: 01274 364515	Leeds General Hospital Neonatal: 0113 3927443 Maternity: 0113 3927445
St Marys Hospital Manchester Neonatal: 0161 7012700 Maternity: 0161 2766556	Arrowe Park Hospital Birkenhead Neonatal: 0151 6047108 Maternity: 0151 6047130	Royal Oldham Hospital Neonatal: 0161 6278151 Maternity: 0161 6278255
John Radcliffe Hospital Oxford Neonatal: 01865 223201 Maternity: 01865 221651	Royal Bolton Hospital Neonatal: 01204 390748 Maternity: 01204 390579	Liverpool Womens Neonatal: 0151 7024193 Maternity: 0151 7089988 ext1162