Plymouth Hospitals NHS
NHS Trust

Intrapartum Guidelines

No.11 In utero transfer (out of area) and handover of care

1. Introduction

The purpose of this document is to provide a basis on which safe and appropriate in utero-transfers (IUT) can take place with an overall objective to provide a service that facilitates the best possible outcome for babies and their families.
PHNT is classified as a level 3 unit which provides care to babies of a low gestational age (from 23 weeks). Because of this level 3 status, many IUT are accepted from other units, particularly within the South West Peninsular such as Torbay, Exeter, Barnstaple and RCHT (See appendix 1).

2. Indications for IUT

The reasons for needing to transfer a woman out to another hospital include:

Clinical:

- Need for enhanced care for mother and/or neonate.

Operational:

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

All potential IUT's must have a full clinical assessment to try and assess the likelihood of delivery – including – where appropriate – fetal fibronectin. (Refer to Preterm Labour Guideline No. 23).

Fewer than 50% of women presenting with suspected preterm labour will deliver during the current episode.

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 and made, preferably, at **consultant obstetrician.** A registrar may take on the responsibility for decision-making in the exceptional circumstances of the consultant being unavailable. If they are of the opinion that the IUT is inappropriate for reasons of maternal and fetal safety, then the transfer should not take place.

3. Contraindications for IUT

- Fetal or maternal compromise requiring immediate delivery.
- Significant risk of delivery during the IUT (is there time for the transfer, and how far is it?).
- Unstable maternal/fetal condition that could deteriorate during the transfer.
- Mother refuses transfer.
- Negative fetal fibronectin test.
- Antepartum Haemorrhage.

4. 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 paediatrician or 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.

5. Management of IUT

It is ultimately the responsibility of the obstetric consultant / registrar as to whether or not a woman should be transferred out of the unit. However, it is expected that the decision should be discussed with the neonatologists prior to transfer and documented within the patient records.

Once the decision has been made to transfer it is the referring unit's responsibility to arrange a safe and efficient transfer.

See flow charts in Appendix 4 which are an aide memoire for arranging an IUT and a guide to which hospitals to contact.

- A cot space at an appropriate unit should be sought firstly by contacting the Neonatal Consultants on NICU who receive daily updates on cot availability within the Peninsula neonatal network.

    - If there are no cot spaces within the South West Peninsula, it is the responsibility of the obstetric registrar or (if they are busy) the consultant obstetrician to locate a cot elsewhere and arrange admission.
    - This can be done by contacting the Neonatal transfer service at Bristol St Michaels (NEST) on 01173 425050, or by contacting the units directly (see list in Appendix 1)
- On finding an available neonatal cot, the registrar at the referring unit must contact the NICU sister, Neonatologist, Obstetrician and labour ward sister at the receiving hospital to gain agreement from all for the transfer.
- An SBAR handover form must be fully completed by midwifery and medical staff and signed by the Obstetric Registrar. This constitutes the formal handover of care between hospitals, (see appendix 2). A formal doctor referral letter is not necessary.
- A photocopy of the obstetric notes including all relevant test results should be taken. **The original notes must not be sent**.
- If the need for transfer is very urgent then a helicopter transfer should be considered.

5.1 Arrangement of transfer by road

- Ring Ambulance control – #6245 / 08456020455 (ensure paramedic support available if required). The ambulance control will discuss timescales for the transfer.
- If deemed an emergency dial (9) 999 and state that a category B transfer is required.

5.2 Arrangement of transfer by Sea King helicopter

This is an expensive option and there should be a clear decision from both Paediatric and Obstetric teams at Consultant level that an emergency road ambulance transfer is inappropriate
Standard Air ambulances should not be used to transfer pregnant women who could potentially give birth as they only allow the accompanying health professional to access the woman's upper body.

- To arrange helicopter transfer contact ambulance control- #6245/ 08456020455.
- Time taken for heli-transfers -
  15 mins to get crew flight ready if on the ground.
  Flight times depend on where they are initially, but usually come from RAF Chivenor or RNAF Culdrose.
  30 mins flight time (approx) to Plymouth from both of these.
  30- 40 mins (depending on weather) flight time Plymouth to Bristol.

- Not all hospital helipads are large enough for Sea Kings to land so additional road ambulance transfer time must also be considered. See Appendix 3 for details
- PHNT helipad is large enough for a Sea King helicopter.

Escort

- ONE appropriately trained midwife who is competent in newborn resuscitation (NLS or equivalent) to provide immediate care to babies
- Some situations may not require a midwife escort (i.e. planned delivery for medical reasons).
- In utero transfer bag on delivery suite should be checked and taken on the transfer and include syntometrine and syntocinon which can be found in the fridge on CDS.
- Student midwives must NOT undertake escort duties without the presence of a qualified member of staff.

5.3 Prior to transfer

- A EFM should be performed prior to transfer depending on gestation and appropriateness.
- IV access obtained.
- Consider fetal fibronectin testing if appropriate.
- Cervical assessment (digitally unless contraindicated such as SROM).
- Consider use of a tocolysis such as Atosiban to delay delivery if it is felt appropriate by the referring consultant
- If at any time the midwife involved with the transfer of a patient has concerns they must inform the CDS co-ordinator and if necessary contact the supervisor of midwives for advice.

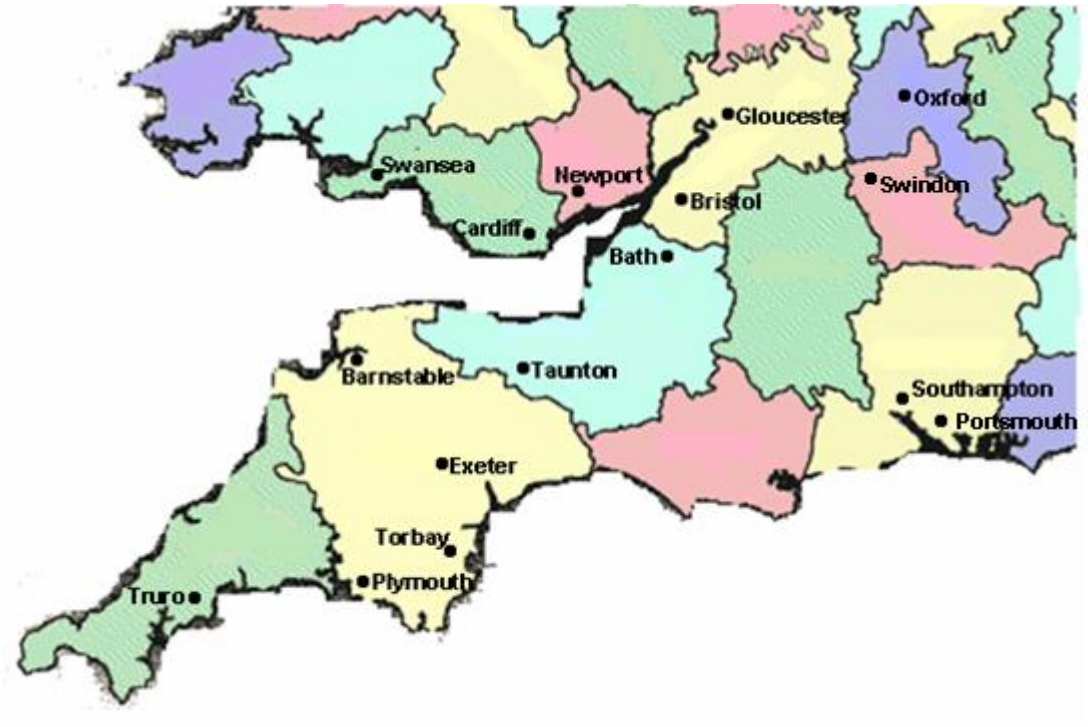
5.4 During in utero transfer

- During the journey the escorting midwife has a responsibility to continually assess the patient's clinical status as instructed by the obstetrician and depending on the present clinical picture, tailor the observations required according to any changing clinical need.
- If in preterm labour, labour observations should also be monitored including palpation of contractions and monitoring of vaginal loss.
- There is no indication for fetal heart rate auscultation during the transfer.
- All care provided during the transfer should be documented clearly within the notes. If at any time during the transfer the midwife feels that the patient's situation is changing/ deteriorating, or that delivery is imminent the transfer should be diverted to the nearest hospital with a maternity unit.

Useful Telephone Numbers - Short codes

This is **not** an exhaustive list. Please ask CDS coordinator for directory of numbers, if more required

	Hospital	Switchboard	CDS	NNICU	Level
1	Torbay	#6500	01803 654603	01803 654602	2
2	Exeter	#6160	01392 406650	01392 406623	2
3	Truro	7032000	01872 252361	01872 252667	2
4	Barnstaple	#6170	01271 322605	01271 322610	1
5	Taunton	#6164	01823 342059	01823 342575	2
6	Bath	#6420	01225 824447	01225 824447	2
7	Southmead (Bristol)	#6550	0117 3235322	0117 3235085	3
8	St Michaels (Bristol)	#6250	0117 9285213	0117 9285275	3
	NEST @ St Michaels	01173 425050			
9	Gloucester	0300 4222222	0300 4225542	0300 4225529	2
10	Southampton	#6455	02381206002	02380 796001	3
11	Portsmouth	02392286000	Ext : 3665	Ext : 3680	3
12	Newport	01633 234234	01633 234618	01633 234599	3
13	Cardiff	02920 747747	02920 742686	02920 742680	3
14	Swansea	01656 752752	01656 752383	01656 752367	3
15	Swindon	01793 604020	01793 604575	01793 605174	2
16	Oxford	01865 741166	01865 221987	01865 221373	3
17	Dorchester	01305 254234	01305 254267	01305 254234	2



6. Documentation requirements for handover of care for all staff groups

The pregnancy records, including recent CTGs, will form the basis of documentation requirements for handover of care. All obstetric and medical records must be up-to-date at point of relocation to ensure transference of information from one setting to the other is complete and comprehensive.

All entries must include date, time printed name and signature.

Documentation packs for arranging IUTs are available on each ward.
A checklist, flow chart for arranging the transfer, data collection form and SBAR are included.

The SBAR form for IUT must be completed by midwifery or medical staff and signed by the Obstetric Registrar.

A Datix form should be completed for all IUT's from Derriford.

ALL DOCUMENTS MUST BE PHOTOCOPIED: NO ORIGINAL NOTES TO LEAVE THE HOSPITAL

7. Return to Base Following an IUT

The ARCC will be unable to return the midwife to PHNT.

If the road ambulance crew is not able to return the midwife to Derriford then she should:

7.1 Within the Peninsula

- Ask for local contract taxi to be ordered to return to Derriford Hospital - 01752 202082
- Budget code: 120217
- Permitted Reason Code 'S1'

7.2 National

- Prior to leaving, check feasibility of return by train on the same day. If unable to return on the same day, overnight accommodation should be requested at the receiving hospital.
- Signed, blank rail warrant applications are kept in the red box file and will need to be filled out and taken to the cashier’s office, on level 7, for the warrant to be issued
- Take request form to cashiers office (Level 7) and wait for them to issue a warrant.
- If the warrant is not used it must be returned to the cashiers office.
- Ensure petty cash is taken from the co-ordinator on CDS to allow for taxi fares. Receipts must be obtained and any unused cash returned to CDS.

APPENDIX 1

SOUTH WEST PENINSULA NEONATAL NETWORK TRANSFER GUIDELINES

IN-UTERO

- **RCHT – Can accept babies 27 weeks and over.**
- All mothers at risk of delivering before 27weeks (up to and including 26 weeks 6 days) to be transferred to PHNT

- **TORBAY – Can accept singletons 30 weeks and over and multiples of 32 weeks and over.**
- All mothers at risk of delivering singleton babies before 30 weeks (up to and including 29 weeks 6 days) and twins less than 34 weeks (up to and including 33 weeks 6 days) to be transferred to Derriford, Exeter or Treliske.

- **BARNSTAPLE – Can accept babies 30 weeks and over.**
- All mothers at risk of delivering before 27 weeks (up to and including 26 weeks 6 days) to be transferred to Derriford
- All mothers at risk of delivering singleton babies before 27-30 weeks (up to and including 29 weeks 6 days) or twins under 34 weeks (up to and including 33 weeks 6 days) to be transferred to Derriford to be transferred to Derriford or Exeter or Treliske

- **ROYAL DEVON & EXETER – Can accept babies 27 weeks and over.** All mothers at risk of delivering before 27 weeks (26 weeks 6 days) to be transferred to PHNT.

EX-UTERO

- **RCHT -** Babies under 27 weeks (up to and including 26 weeks 6 days) to be transferred to PHNT

- **TORBAY** – Babies under 27 weeks (up to and including 26 weeks 6 days) to be transferred to Derriford
- Babies under 27-30 weeks (up to and including 29 weeks 6 days) to be transferred to Derriford or Exeter or Treliske
- Twins under 34 weeks (up to and including 33 weeks 6 days) to be transferred to Derriford or Exeter or Treliske

- **BARNSTAPLE** – Babies under 27 weeks (up to and including 26 weeks 6 days) to be transferred to Derriford
- Babies under 27-30 weeks (up to and including 29 weeks 6 days) to be transferred to Derriford or Exeter or Treliske
- Twins under 34 weeks (up to and including 33 weeks 6 days) to be transferred to Derriford or Exeter or Treliske

- **ROYAL DEVON & EXETER** – Babies under 27 weeks (up to and including 26 weeks 6 days) to be transferred to Derriford

APPENDIX 2.

OBSTETRIC SBAR FORM IN - UTERO TRANSFER

Date

Allergies

Blood Group

Patient label

Name:
Hospital no:
Date of birth:

Safeguarding Issues Y / N

Derriford Safeguarding Team: Contact 01752 431503 at any time: out of hours message will ensure contact with team can be made at all times

SITUATION

Reason for transfer:

Need for transfer discussed with parents Y / N

Maternal consent given and documented. Y / N

Name / Date / Time Contacts

Referring Obstetric SpR / Consultant _____

Neonatal Consultant involved with transfer _____

Receiving Neonatal Unit contact _____

Receiving Obstetric SpR / Consultant _____

Receiving Delivery Suite contact _____

BACKGROUND

Past Medical History

Obstetric details

EDD	**Gestation**	**Gravida**	**Para**
SROM Y / N	Date	Time	**Multiple Pregnancy** Y / N
Fibronectin used Y / N	Date	Time	

Fibronectin not used: please state reason

Speculum Y / N

Cervical dilatation ……cm

Vaginal examination Y / N

Contracting Y / N **Frequency …../ 10**

HVS taken Y / N **MSU taken** Y / N

Steroids Y / N Betamethasone Dexamethasone

Dates / Time administered

IV access Y /N **Date / time**

Tocolytic Y /N **Name**

Dates / Time administered

Current Obstetric problem:

ASSESSMENT

B/P P T Resp

Medication: Name Date & Time Given

1.

2.

3.

CTG / FHH satisfactory Y / N

RECOMMENDATIONS

Signature: Date: Time:

Obstetric Registrar

PHOTOCOPY COMPLETED FORM

Name
Hospital no.

APPENDIX 3

Hospitals where landing a Sea King Helicopter possible:-

Derriford - Road ambulance transport to a local landing site chosen by ARCC, (The Citadel, Bickleigh Barracks, or Yelverton- old aerodrome)

Exeter- Road ambulance transport to airport

Truro – Has Air-Sea rescue Heli-pad

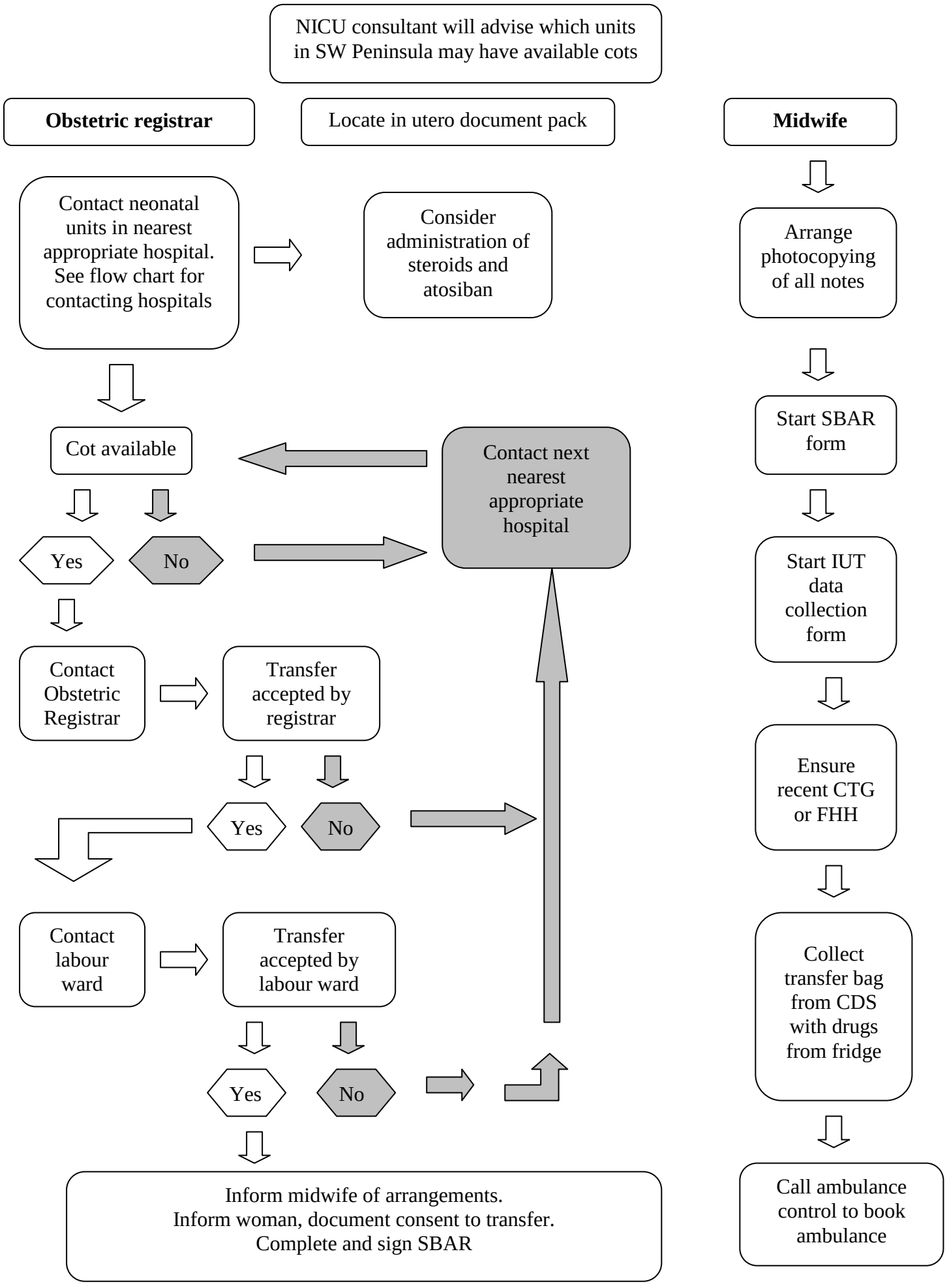
Barnstaple – Has Air-Sea rescue Heli-pad

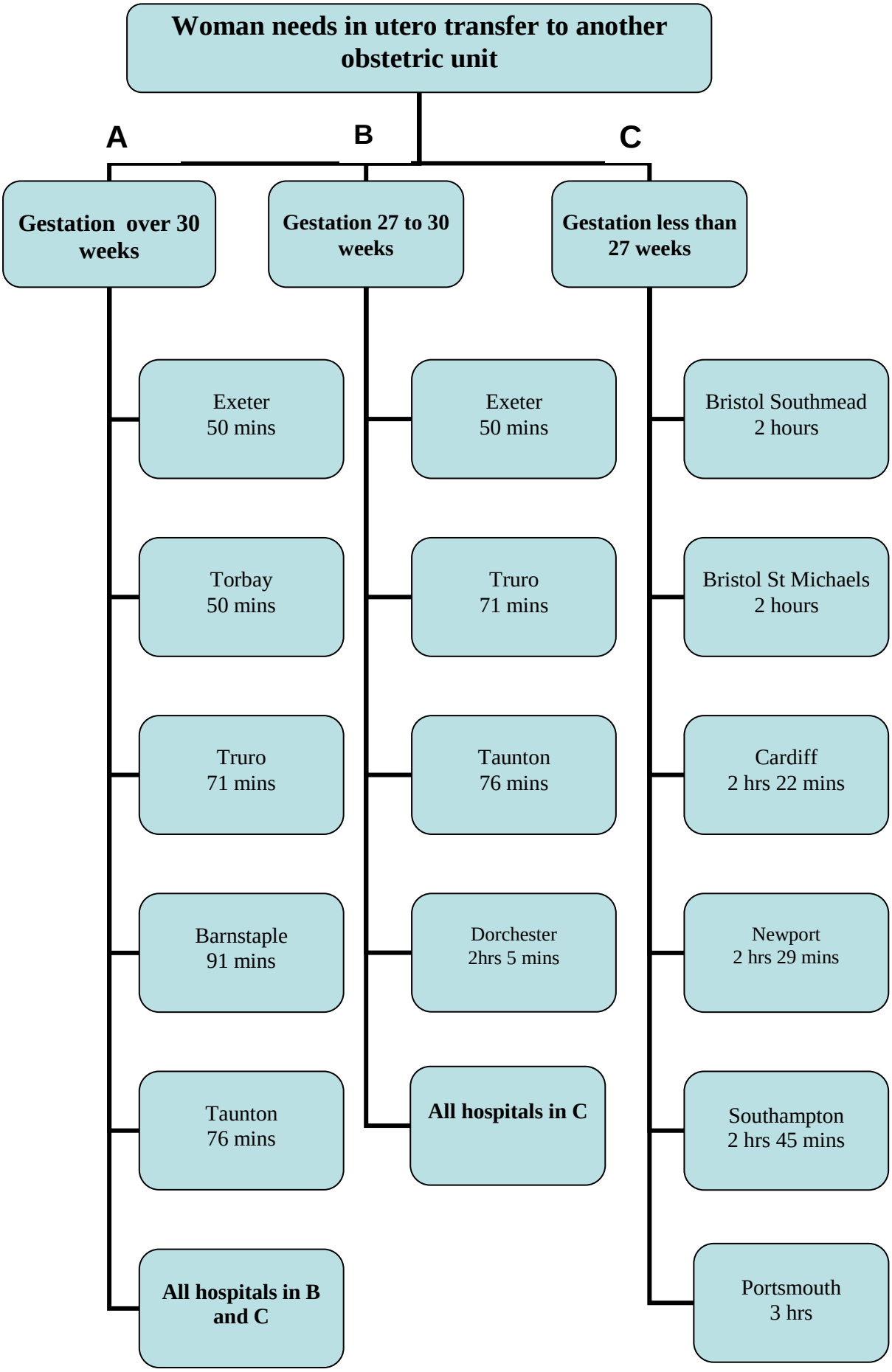
Torbay – Has Air-Sea rescue Heli-pad

Southampton – Land at Lord's Hill playing field, need road ambulance transport to hospital

Bristol - Land at City Helipad and road ambulance transfer to hospital very quick

APPENDIX 4 **Flowchart for in utero transfer and arrangement of cot**




Woman needs in utero transfer to another obstetric unit
A
B
C
Gestation over 30 weeks
Gestation 27 to 30 weeks
Gestation less than 27 weeks
Exeter 50 mins
Torbay 50 mins
Truro 71 mins
Barnstaple 91 mins
Taunton 76 mins
All hospitals in B and C
Exeter 50 mins
Truro 71 mins
Taunton 76 mins
Dorchester 2hrs 5 mins
All hospitals in C
Bristol Southmead 2 hours
Bristol St Michaels 2 hours
Cardiff 2 hrs 22 mins
Newport 2 hrs 29 mins
Southampton 2 hrs 45 mins
Portsmouth 3 hrs

APPENDIX 5

Checklist for Midwives accompanying women on In-Utero transfers from PHNT

It is the responsibility of the midwife accompanying the woman to check the following:-

Destination hospital has accepted transfer, that is:-

Staff contacted		
	Obstetricians	
	NICU and Paediatric Consultant	
	Labour Ward	
Woman fit for transfer		
	IV Access	
	CTG/ FHH	
	No medical or obstetric contraindications for transfer at time of departure	
Documentation for transfer		
	SBAR form completed, signed and copied	
	Photocopy Obstetric notes	
	Including Drug chart,	
	recent CTG's	
	Antenatal coding form completed	
	Peninsula IUT data collection form completed	
Equipment for transfer		
	In- Utero transfer case from CDS	
	Drugs collected from fridge	
	Cash for emergencies from lock box	
	Contact phone numbers for return transport if needed	
	Contract Taxi 01752 222222	
	Budget code 120217	
	Permitted Reason Code S1	

Addressograph Label or

Name
Address
Post code
Hospital No.
Date of Birth

Hospital booked for delivery:

Hospital transferred from:

Hospital transferred to:

Admission : Date Time

Decision to transfer: Date Time

Neonatal reason for transfer (circle)
No NICU cots
Other neonatal care requirement……
Higher level NICU facility required
NICU staffing issue

Obstetric reason for transfer (circle)
PET
Other…
Pre-term labour
APH

Arranging the transfer

Please record in table below all hospitals contacted, the time and why the transfer was refused (if applicable) Reasons for refusal : No NICU cots: NICU staffing issue: Labour ward full: Labour ward staffing issue or other (specify)

Hospitals contacted	Time contacted	Reason for refusal

Names of staff arranging transfer
Obstetric SpR/Cons Neonatal SpR/Cons

Names of staff accepting transfer
Obstetric SpR/Cons Neonatal SpR/Cons

Name of transferring midwife

Detail of any difficulties involved in arranging transfer

Equipment Staffing
Organisational

Method of transfer

Ambulance:- Emergency Y/ N Was a 999 call used? Y/ N Time of call

Pre-booked Own transport

Departure: Date Time

Arrival: Date Time

Please continue overleaf

Obstetric details

EDD **Gestation**

Gravida **Para**

SROM Y / N Date Time

Multiple Pregnancy Y / N

Fibronectin used Y / N Date Time

Fibronectin result Positive / Negative

Fibronectin not used: please state reason…..

Speculum Y / N **Cervical dilatation ……cms**

Vaginal examination Y / N

Contracting Y / N **Frequency …../ 10**

In Labour Y / N / unsure

Steroids Y / N Betamethasone Dexamethasone

Dates / Time administered

Tocolytic Y /N **Name**

Dates / Time administered

Outcome Details

Live birth / Stillbirth Date Time

Infant 1 Sex Weight

Infant 2 Sex Weight

Mode of Delivery (Please circle) **SVD Vaginal breech Forceps**

Ventouse LSCS Category I II III IV

Neonatal death? Y /N Date Time

Antenatal discharge? Y/ N Date Time

Not delivered: IUT to

Time transferring midwife returned to home unit

Pen NNForm V3 March 2012 JW

Monitoring and Audit

Continuous audit by CDS midwives or Neonatal network midwife
Auditable standards:

- Where the transfers are going (hospital and region).
- The delivery intervals between transfer and arrival at receiving hospital.
- The Number of inappropriate in-utero transfers.
- The use of fetal fibronectin in reducing the number of inappropriate transfers.
- The number of in-utero transfers taking place.
- Any adverse incidents will be reported to the Trust via Incident Reporting System (DATIX).
- Documentation requirements of each staff group

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

Reports to:
Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Clinical Governance & Risk Management Committee

Frequency of audit:
Annual

Responsible person:
Neonatal network midwife / CDS Midwife

Cross references:

AN 31Maternity Hand Held Notes, Hospital Records and Record Keeping
AN 44 Guideline development within the maternity services
AN 45 When Fetal abnormality is detected

Neonatal Transport Policy
IP 23 Preterm labour
IP 24 Preterm labour with ruptured membranes

References

Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists (2007). **Safer Childbirth: Minimum standards for the organisation and delivery of care in labour**. London, RCOG

A Fenton et al (2008) **Management of acute in-utero transfers: a framework for practice.** British Association for Perinatal Medicine. London.

The Institute for Healthcare Improvement and NHS Institute for Innovation and Improvement (2006). **Situation, background, assessment and recommendation (SBAR**). London, IHI and NHS Institute for Innovation and Improvement

Author	Emma Burdon, Jocelyn Watson, Guideline Committee		
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Changes	To arrange helicopter transport needs to be arranged as all IUT's through ambulance control. Contact Numbers updated		
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