



Aneurin Bevan University Health Board

Transfer of Women and Babies within Maternity Services Guideline

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document.

The Intranet should be referred to for the current version of the document.

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1. Executive Summary

This document is a clinical guideline to support safe and effective practice. The Maternity Service aims to ensure the timely and safe transfer of women and babies both within the Health Board and to other Maternity Services Antenatally, Intrapartum and Postnatally.

1.1 Scope of Policy

This guideline applies to all clinicians working within Maternity Services. Cross reference to relevant Healthcare Standards.

1.2 Essential Implementation Criteria

Auditable standards are stated where appropriate.

2. Aims

This guideline supports staff who make arrangements for transfer or accompany women and their babies.

3. Responsibilities

The Senior Midwifery Management Team will ensure that information relating to this guideline is available to all staff who make arrangements for transfer or accompany women and their babies.

4. Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

5. Monitoring and Effectiveness

Local Service Improvement Plan will guide monitoring and effectiveness.

6. Transfer Protocols

6.1 In-Utero Transfer from an Obstetric Unit

The transfer of any baby in-utero will be dependent on the joint clinical decision of a Consultant Obstetrician, Labour Ward Consultant and

Neonatologist. It is the responsibility of the referring unit not the receiving unit as to the safety of transfer of the woman.

Please see the All Wales In-Utero Transfer Guideline (NSAG Jan 2011) – available on ABUHB Intranet at:

<http://howis.wales.nhs.uk/sitesplus/documents/866/All%20Wales%20In%20Utero%20transfer%20Guideline%20NSAG.doc>

Please ensure that the All Wales In-Utero Transfer Form contained in the guideline is completed.

6.2 Transfer from Antenatal Ward to the Obstetric Unit.

Procedure

- Contact the Oncall Obstetric Registrar and give full clinical details regarding reason for transfer, also inform the Labour ward Coordinator.
- Ensure clear documentation in medical records (NMC 2019) regarding the need for transfer and discussion with the woman.
- Clearly document any recent and outstanding investigations in them woman's medical records (NMC 2019).
- Inform NICU/SCBU if there is a need for Neonatal Team involvement.
- Update the Clinical Workstation (CWS) to reflect Lead Professional and admission status.

6.3 Midwifery Led Care Transfer in Labour to Obstetric Care (Ward, Home or Birth Centre)

Procedure

From the ward

- The Midwife will contact the OnCall Obstetric Registrar to discuss the clinical reason for transfer and then inform the Labour ward coordinator. This should be recorded in the clinical notes.
- Complete the All Wales Clinical Pathway for Normal Labour (AWCPNL 2013) documentation indicating the appropriate variance code, if the partogram was commenced then continue documentation on the same partogram.
- Complete the All Wales Transfer Record (Appendix 2).
- Ask the Labour Ward Coordinator to inform NICU/SCBU if there is a need for the Neonatal Team to be on alert.

Additional Considerations for Transfer from a Freestanding Birth Centre.

- Once the decision has been made to transfer a mother or baby, it is the responsibility of the midwife providing care to decide and organise the most appropriate method of transportation, the Midwife will escort and transfer the woman with the ambulance crew.
- The midwife will contact Welsh Ambulance Service Trust (WAST) using 999 (External) and 9999 (Internal), giving full details to the ambulance control stating the level of emergency and if a paramedic is required. The EMRTS (Emergency Medical Retrieval & Transfer Service) is available 8am-8pm, seven days per week via **03001233201**, this service provides pre-hospital critical care for all age groups in the air and on the road (Appendix 4).
- Ensure the woman/baby had an identification bracelet +/- allergy bracelet if indicated.
- The Advanced Nurse Practitioner (ANP) is to be contacted on Voicera in Ysbyty Ystrad Fawr (YYF) to enable IV Access (if appropriate) prior to transfer from the Free standing Birth Centre.
- The ANP is available day/night at Ysbyty Aneurin Bevan for IV access, they are to be contacted on Voicera.
- The Modified Early Obstetric Warning Score (MEOWS) chart is to be commenced and the Sepsis Six Bundle is to be initiated if appropriate.
- A completed SBAR form must be photocopied to accompany the transfer documentation to ensure a full and robust handover. The original SBAR Transfer form and the exiting pathway documentation (AWCPNL 2013) is to remain at the Birth Centre in preparation for discussion at the Monthly Transfer Meeting.
- The Birth Centre staff will contact Ambulance Control for an Estimated Time of Arrival (ETA) every 15 minutes from the original phone call time until the ambulance arrives **AND** sooner if the woman/baby's condition deteriorates.

Additional Considerations for Transfer from Home.

- Update CWS to reflect the Lead Professional and admission status on arrival at receiving ward.
- For transfers from home, the Community Midwife will contact the Welsh Ambulance Service Trust using 999 and give full details to Ambulance Control stating the level of emergency and if a Paramedic is required.

6.4 Transfer of babies to NICU/SCBU (from home or ward)

Procedure

- Discuss the need for transfer with the Senior Neonatologist or Paediatrician (NHH).
- The Midwife will contact the Neonatal Nurse in charge of NICU/SCBU to arrange the transfer.
- The Midwife will support the woman and her family and ensure they are kept fully up to date and informed of the condition of their baby.
- Ensure all clinical documentation is up to date and accompanies the baby to NICU/SCBU. The Midwife will complete a DATIX (as per ABUHB Maternal/Fetal Trigger list Appendix 3).
- If transferring from home it is the responsibility of the Community Midwife to contact WAST using 999 emergency number giving full details of the Domestic address and receiving unit. The Community Midwife will escort the baby.

6.5 Postnatal Transfers of Women to General ITU/HDU

Procedure

- The Senior Anaesthetist on ITU/HDU will decide on admission in collaboration with Anaesthetists and Obstetricians. The Midwife and Doctors (Anaesthetic and Obstetric) will normally accompany the woman during her transfer to ITU/HDU.
- Ensure the woman has an identification +/- allergy bracelet applied.
- If the baby is to be looked after on NICU/SCBU for the duration of the mother's stay on ITU/HDU ensure identification bracelets are applied. The baby will be reunited with the mother as soon as she is clinically well enough to return to the maternity unit.
- The family are to be supported, ensuring they are kept fully informed on the condition of the woman.
- The Midwife will complete a DATIX as per ABUHB Maternal/Fetal.

6.6 Discharge of Mother and Baby to the Community Midwife

Procedure

- Postnatal care should continue for no less than **Ten** days and until such a time the Midwife considers necessary up to **Four-Six weeks** (NICE CG37 2015).
- The woman and baby will have a postnatal discharge completed by the midwife and will be updated to the Maternity Electronic Information System and one printed copy will be given to the woman to take to her General Practitioner.
- The Child Health Record (Red Book) will be given to the woman by the allocated Health Visitor.
- Any postnatal hospital appointment information should be included in the discharge documentation.
- The discharge information needs to be documented in the Discharge book at the corresponding unit, the discharging unit will notify the Community Midwifery Team.
- The woman will have the 24 hour contact number for the maternity service.

6.7 Discharge of Mother and Baby Outside of ABUHB

Procedure

- The discharge information will be updated to the Midwifery Electronic Information System and a printed copy will be given to the woman to take to her General Practitioner.
- The Child Health Record (Red Book) will be given to the parents by the allocated Health Visitor.
- If a postnatal hospital appointment is required the appointment details should be included in the discharge letter.
- The woman will have the 24 hour contact numbers for her local maternity service.

7. References

All Wales Midwife-Led Care Guidelines (2017) 5th Edition.

All Wales Clinical Pathway for Normal Labour (2013).

Aneurin Bevan Health Board. All Wales Midwifery Led Care Guidelines.

National Institute for Clinical Health and Excellence (NICE) (2015). Postnatal Care up to 8 Weeks After Birth. Clinical Guidance [CG37]. <https://www.nice.org.uk/guidance/cg37>

Nursing and Midwifery Council (NMC) (2019). The Code. Professional Standards of Practice and behaviour for Nurses, Midwives and Nursing Associates. <https://www.nmc.org.uk/code> accessed 20.05.2020

Welsh risk Pool (2008). Standard 15 Maternity.

8. Appendices

- Appendix 1: Transfer to Another Unit Checklist.
- Appendix 2: All Wales Midwifery Transfer Record.
- Appendix 3: ABUHB Maternal/Fetal Trigger List.
- Appendix 4: EMRTS Cymru

Appendix 1 Transfer to another unit checklist

Transfer Out Checklist						
Addressograph		Consultant		Reason for Transfer	Date & Time	Ward
		Hospital to be transferred to				
Notes (Photocopy if time permits)	Yes	No	Ambulance	Time arranged	Time Arrived	
Case Notes sent	Yes	No	Mid sending - Mid receiving Hospital	Yes Sig		
Reg. sending Reg. Receiving Hospital	Yes Sig		Reg. sending -NICU Receiving Hospital	Yes Sig.		
Relatives contacted	Yes	No	Mid / Dr On escort	Yes	No	
	Time Sig.			Both		
Transfer Book on unit	Yes	No				
Transfer completed	Midwives sig.		Time	Date		

Please complete this form and pass to Senior Midwife/Manager

Approved by: Maternity Services Clinical Effectiveness Forum
 Owner: Maternity Services

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Appendix 2 All Wales Midwifery transfer record



All Wales Midwifery Transfer Record

Mother's Addressograph

Reason for transfer (Please tick all that apply)

SITUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delay in 1 st stage of labour	<input type="checkbox"/>	Hypertension	Postpartum haemorrhage
Delay in second stage of labour	<input type="checkbox"/>	Foetal heart rate abnormalities	Resuscitation
Delay in third stage of labour	<input type="checkbox"/>	Meconium stained liquor	Low birthweight
Suturing or assessment of trauma	<input type="checkbox"/>	Abnormal presentation / position	Congenital anomaly
Additional analgesia	<input type="checkbox"/>	Antepartum haemorrhage	Other reason (please describe) below

Ranitidine 150mg given Time Signature

BACKGROUND
ASSESSMENT
RECOMMENDATION

Women Labelled <input type="checkbox"/>	Exited Pathway Part 2 <input type="checkbox"/>	Part 3 <input type="checkbox"/>	
Time Ambulance called or decision made to transfer	Arrival in consultant unit	Transfer time (decision to arrival)	Ambulance incident number (if applicable)
Time ambulance arrived			

Midwife responsible for transfer: _____ / Transfer arranged with: _____

Interventions following maternal transfer

ARM	Syntocinon	Electronic monitoring	FBS	Epidural / Spinal	Perineal repair	Manual removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcome: Mode of birth

SVD	Ventouse	Forceps	LSCS	Vaginal Breech	1 minute Apgar	5 minute Apgar
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interventions following neonatal transfer or required by neonate following maternal transfer

Bag & mask	Intubation	Admission to NNU	Days on NNU	other	other	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other relevant information, including reasons for delay in transfer / significant morbidity of mother or baby.

