

Standard Operating Procedure.

**Transferring Babies requiring active
resuscitation from the Free Standing Midwifery
led unit in the Royal Glamorgan Hospital,
Llantrisant**

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1. Introduction
1. The freestanding midwifery led unit (FMU) will provide intrapartum care to women with uncomplicated pregnancies. On the rare occasion when a baby is born in poor condition, requiring ongoing resuscitation, transfer to the most appropriate medical support will be initiated. The following gives clear guidance on the actions to be taken.
2. Description of service
Transferring babies born in poor condition and/or requiring active resuscitation. Any baby that is born and is : <ul style="list-style-type: none"> • unresponsive requiring active on going resuscitation • needs a second series of inflation breaths • Apgar 5 or below at 5 minutes (AWMLG 2017)
2.1 Outline of the unit
Free Standing Midwifery Led Unit (FMU) – Tirion Birth Centre Cwm Taf Morgannwg University Health Board (CTMUHB)
2.2 Aims and objectives
<ol style="list-style-type: none"> 1. To stabilise a baby born in poor condition in Tirion FMU 2. Transfer the baby safely and efficiently to Neonatal Unit Intensive Care (NICU), University Hospital of Wales (UHW) Cardiff 3. To ensure at all times that this cohort of babies will be accepted in the NICU UHW, Cardiff 4. At times of capacity issues in UHW, the baby will be transferred to the Special care Baby Unit (SCBU) in the Princess of Wales Hospital (POW) Bridgend, where he/she can be stabilised by the attending paediatric team. Arrangements can then be made with the Welsh Neonatal Network for the baby to be transfer on to an appropriate Level 3 NICU if required. 5. There will be a safe transfer for the mother to the postnatal area in UHW Cardiff.
2.2 Who is the service for
<ul style="list-style-type: none"> • Unexpected sick new-born babies born at Tirion FMU
2.3 Activity, demand and capacity
<ul style="list-style-type: none"> • Approximately 3 to 5 per 1000 babies born to mothers who are healthy and experiencing a normal pregnancy will be born with an adverse outcome. (NPEU 2011) • With the results of the NPEU (2011) study in mind 1 baby per 400 to 500 women commencing their labours in the FMU may be born in poor condition.

2.4 Equality and Diversity

- This would apply to any baby born in poor condition in the FMU.
- Any healthy woman who is at 'low risk' of complications is eligible to give birth in the FMU, regardless of race, religion or sexuality

3. Operational details about how the service is delivered

- A member of the FMU staff will contact Welsh Ambulance Service Trust (WAST) via 999 and request an Emergency Ambulance Crew and a 'Red call' ambulance response
- A member of the FMU staff would contact NICU in UHW (receiving hospital) on 02920 742680/2684
- If NICU UHW is at full capacity, a call will be made to the SCBU POW Bridgend 01656 752376
- If NICU UHW is at full capacity, the baby will be transferred to SCBU in POW where his/her condition can be further stabilised. Once the care has been stabilised the necessary arrangements with the neonatal network can be made to transfer the baby on to another level 3 NICU if required
- A second midwife will be called in to be present for all births in the FMU as a support to the core midwife. These two midwives together with the Health Care Assistant (HCA) will manage any acute emergency that may occur in the FMU, including resuscitation of a baby. In this situation, a further 'on call' midwife will be contacted to come in to the FMU to support any ongoing activity in the FMU.
- It is the HCA trained in emergency drills who will be making the telephone calls to request further assistance because the two midwives will be managing the resuscitation of the baby. The HCA will ask for assistance from:
 - WAST
 - Receiving unit – NICU UHW or SCBU POW
 - On-call Community midwives
 - Senior midwifery management
- The Midwife leading the resuscitation will have support from the second midwife and the Emergency Ambulance crew when they arrive at the FMU.
- The Midwife leading the resuscitation will transfer the baby to NICU UHW, or if required to SCBU POW, with support from the Emergency Ambulance Crew.
- The second midwife would remain in the FMU
- Staff would contact the midwives in the Obstetric Unit (OU) UHW on 02920 742684 or POW on 01656 752383 to inform them of the ongoing situation and request that there is a 'post-natal bed' for the mother.
- Uniting the mother and baby into the unit to which the baby has been transferred will be the next priority. If a bed is not available in the unit to which the baby has been transferred, the woman would remain in the FMU until such time as a bed becomes available.

3.1 Staffing

- The midwife leading the active resuscitation will transfer baby with the Emergency ambulance crew. There is a dedicated 'on call' community midwife at all times for the FMU. The 'on call' midwives will routinely be called into the FMU when a woman is admitted in labour so that there are two midwives present at any birth.
- Health Care Assistant (HCA)
- Emergency Ambulance crew
- An additional community midwife to support the 'FMU' while the transfer is on going

3.2 Operating hours

The FMU provides service provision across 24 hours a day, 7 days a week.

3.3 Referral process

- When requesting an ambulance for a neonatal emergency the FMU staff have been instructed to ask for a 'Red response' and use the words 'life threatening'. If there is any confusion, the FMU staff can ask to speak to the clinician (doctor or nurse) in the ambulance control room to request a red ambulance.
- For this emergency it is anticipated that it will be a rapid response.
- In the unlikely event of there being a delay with the ambulance, the midwives will continue to stabilise the baby until help arrives
- Midwives or support staff will contact NICU in UHW on 02920 752686/2684 or POW on 01656 752376 to inform them of the clinical situation at the FMU and any delay with the arrival of the ambulance.
- The Obstetric Units (OU) in UHW will be subsequently contacted on 02920 742686 or POW 01656 752383 in order to accept the woman, if this is not possible the woman will remain in the FMU until there is a bed available
- The mother will be transferred via suitable transport, family care, hospital taxi or if the mother's condition requires one a separate non-emergency ambulance.

3.4 Key working relationships

- Midwives and support staff in FMU
- Community midwives
- Emergency Ambulance Crew
- NICU staff in UHW
- Staff working in the OU in UHW
- SCBU staff in POW
- Staff working in the OU in POW
- Welsh Maternity & Neonatal network

3.5 Communication

- WAST
- CTMUHB community midwives
- NICU UHW
- OU in UHW
- OU in POW

- SCBU In POW
- Welsh Maternity & Neonatal network

3.6 User involvement

- The family will be kept informed of all arrangements in the first instance by the staff in the FMU.
- A rapid review MDT will be called to discuss ongoing governance arrangements, where a liaison person from the team at CTMUHB will be allocated to the family. This ensures that the family have contact with CTMUHB for continued liaison, support and throughout any ongoing investigation processes.

4.0 Governance

- Continuous audit of all transfer times and outcomes from the FMU
- Annual report regarding activity and outcomes from FMU to be submitted through the clinical governance structure (including comparison of babies born with an adverse outcome with the results of the Birth Place Study, NPEU 2011)
- Adverse outcomes reported through CTMUHB Datix system and reported to Welsh Government if Nationally Reportable Incident (NRI)
- Reported as Nationally Reportable Incident with investigation between CTMUHB, WAST and C&V. **It will be for CTMUHB to initiate the investigation.**
- Reported through CTMUHB clinical Governance structure via Annual Report (as above)
- Discussion in CTMUHB neonatal forum
- Discussed through CTMUHB and C&V perinatal morbidity meetings
- The Maternity & Neonatal network will undertake peer review of any mortality incidents and share learning
- As above arrangements, the family will be supported through CTMUHB clinical governance process by allocation of an appropriate liaison person.

4.1 Health and safety

- During the transfer the appropriate equipment supplied by WAST including O2, bag and mask, ambulance stretcher
- During transfer equipment to be supplied by Tirion FMU would be Transwarm Heat pad and Pedi-mate neonatal harness.

4.2 Performance monitoring and evaluation

- Annual report regarding activity and outcomes from FMU to be submitted through the clinical governance structure.
- FMU audit activity to include transfer times to all receiving units
- Adverse outcomes will be reported via the CTMUHB Datix system
- Adverse outcomes to be reported annually through the clinical governance process and presented at audit meetings. Through the CTMUHB clinical governance structure this will be then reported to the quality and safety committee

References

(AWMLG) All Wales Midwifery led guidelines (2019) – Welsh Maternity & Neonatal network

NPEU (2011) Birthplace in England Cohort Study. Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study
BMJ: 343:d7400 doi: 10.1136.

Name: Maggie Davies

Date 2019

On behalf of Cwm Taf Morgannwg University Health Board

Name:

Date

On behalf of Cardiff & Vale University Health Board

Name:

Date

Behalf of the Welsh Ambulance Service Trust (WAST)