

Antenatal Paediatric Referral Pathway / Paediatric Advice Procedure

Procedure information

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Clinical

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Obstetric and Neonatal Working Control Documentation Group

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Summary of document:

This procedure outlines the pathway to follow when a potential problem is identified with either the woman or the fetus which will require paediatric input for:

- Guidance and advice on the appropriate place of birth
- Guidance and advice on the care required immediately at birth, treatment and follow up.
- Specific paediatric advice for women who are birthing outside of Procedures

Appropriate and timely communication is essential to ensure the parents and baby receive the necessary care.

Scope:

The Procedure is applicable for all women or birthing people who may benefit from paediatric input in the antenatal period

To be read in conjunction with:

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Obstetric and Neonatal Working Control Documentation Group

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Executive Director job title:

Mandy Rayani – Director of Nursing, Quality and Patient Experience

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Antenatal paediatric referral birth

Glossary of terms

ANC

Key points:

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Scope

The Procedure is applicable for all women or birthing people who may benefit from paediatric input in the antenatal period

The guidance below uses the term 'woman' (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and Midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

Aim

The aim of this document is to:

- Promote a consistent approach for care planning in the antenatal period when a woman or birthing person would benefit from paediatric involvement

Objectives

The aim of this document will be achieved by the following objectives:

- Ensuring access to a consistent pathway between maternity and neonatal services within Hywel Dda University Health Board
- In the event that a woman or birthing person is referred to Fetal Medicine Services this Procedure will support consistent care planning within Hywel Dda University Health Board

Paediatric Referral Pathway

If a potential problem is identified by the obstetric team which requires a paediatric referral, the following pathway must be followed on all sites:

- Antenatal referral form should be completed by the antenatal clinic midwife from the referring area. The referral form should be saved as the woman's initials and hospital number for ease of access, ensure that all paediatric referral forms are sent as a Microsoft Word document (not a scanned image) as this will enable the form to be updated as the woman's pregnancy progresses
- When making a referral the generic email must be used at all times to ensure that all relevant clinicians have access to the information
- Where a referral has already been made to Fetal Medicine Services, this should be clearly marked on the referral form. Where possible the report from Fetal Medicine Services should be emailed alongside the HDUHB Paediatric Referral to support consistent care planning, if this is not possible it should be clear on the Paediatric Referral form that associated letter(s) are available on Welsh Clinical Portal and can be accessed via Documents
- It is the responsibility of ANC midwife to undertake and update the referral using only the generic email
- Once the Paediatric Referral Form has been sent, the appropriate sticker should be attached to the front of the woman's All Wales Maternity Handheld record to alert all staff that there is a paediatric plan in place
- In the ANC a copy of the referral will be placed in the:

- Hand held notes (having discussed the potential problem with the parents)
- Paediatric referral file
- The generic email will be checked daily by:
 - Paediatric secretary
 - ANC midwife
 - Labour Ward Manager
 - Post-natal midwife
 - Labour ward coordinator
- The paediatric secretary passes the referral onto the Paediatric consultant with neonatal interest, the referral should then be reviewed and passed on to the most appropriate paediatrician. A detailed treatment plan should then be added to the referral in a timely manner. The referral is then emailed back to the generic referral email copying in SCBU and the lead midwife, the referring midwife and the named obstetric consultant
- The ANC midwife prints out the updated referral and places it in:
 - The hand held notes for the Obstetrician to review (using orange paper where possible for ease of view)
 - ANC index file
 - Paediatric referral file
- SCBU - print a copy and add to antenatal referral folder
- Labour Ward – print a copy and place in the “High Risk Folder”
- Postnatal Ward - print a copy and place in the “High Risk Folder”
- At the discretion of the consultant paediatrician with a neonatal interest, the prescribed management plan should be shared with all paediatric and this will be completed via the paediatric secretary
- Any further information from other hospitals such as fetal medicine or genetics department will be circulated via the generic email and the plan should be updated accordingly. Wherever a plan is updated / changed this should be printed and should replace all previous versions to ensure that at all times the most up to date plan is available (page 29 of the woman’s All Wales Maternity Record should also be updated as required)
- In the event that the woman / baby are subject to a discussion at the All Wales Fetal Medicine meeting, any outcomes should be clearly communicated via the generic email account to ensure that all relevant clinicians are sighted
- The parent (s) should be clearly informed during the antenatal period of the proposed plan for their baby following birth, it is fundamental that parents are included in any discussions around the care of their baby. Depending on the nature of the referral this discussion may need to be led by the paediatric team, this should be organised on an individual basis and will be facilitated by the ANC midwife

NB Bronglais

- The ANC midwife in BGH should follow the initial steps for referral but alongside the generic email address should include the paediatric secretary for BGH
- The paediatric secretary for BGH to share the referral with a BGH paediatric consultant to review and complete the plan. Upon completion of the paediatric referral form there should be clear guidance about the most appropriate place of birth (BGH / GGH or a tertiary unit)
- If the plan is for the birth to occur in Bronglais then the referral form should be completed as above to include the generic email address and in addition a copy sent to ANC BGH, Gwennllian ward, the

named obstetric consultant and the paediatric secretaries for BGH to cascade to all BGH paediatricians

- If the plan is for the birth to occur in GGH, follow the GGH pathway and in addition a copy should be shared with the Operational Lead for Bronglais and a copy should be stored on Gwennlian ward in the event of an unplanned birth

Paediatric Advice

There may be times where specific paediatric advice or guidance may be required during pregnancy, this may include specific paediatric advice for women who may wish to birth outside of guidance or where paediatric input may be of value to support the woman to make an informed choice.

- All requests for paediatric advice during the antenatal period must be completed using the generic email address, this digital process replaces all previous paper versions
- Once a request for paediatric advice has been received the paediatric secretary passes the request onto the Paediatric consultant with neonatal interest, the request should then be reviewed and passed on to the most appropriate paediatrician. A detailed response should then be added to the request. The advice is then emailed back to the generic referral email copying in the person making the request for advice and the woman's named obstetric consultant where relevant
- If there is an associated SBAR which includes a neonatal element this must also be circulated via the generic email

How to Access the Generic Paediatric Referral Email Inbox

- The email inbox can be accessed by any member of staff by using the following login for any PC within the healthboard

The email address for referral: Paediatric.Referral.hdd@wales.nhs.uk

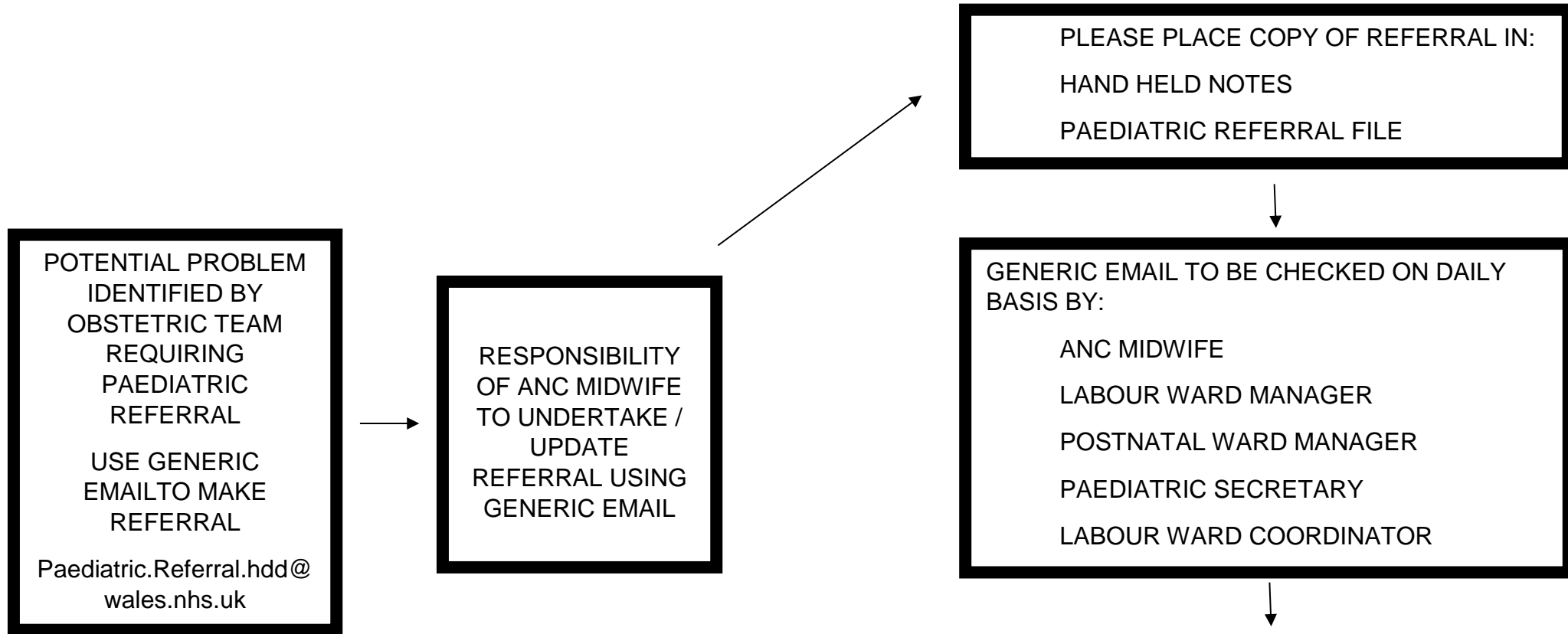
Username: gen222740

Password: 047222neG

Appendix 1 – Paediatric Referral Form

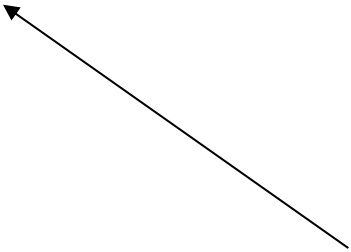
Date of referral:	Referring hospital:	
Named Consultant (mandatory)	ANC referring midwife:	Contact number of referrer/ANC
Patient name:	Date of birth:	
Address:	NHS number:	
	Hospital number	
Post code:	Interpreter required?	Yes/No
Telephone:	What language?	
EDD by USS:	Current gestation:	
Reason for referral:		
Scan report details (if relevant):		
Relevant obstetric history		
Relevant medical history		
Referral to fetal medicine	Yes/No	Recommended place of delivery:
Recommended gestation for planned delivery:		
Fetal Medicine Report included with referral Yes/No		
<u>Detailed Paediatric plan of care at birth and ongoing treatment</u>		
Is a meeting between the paediatrician and family required before birth? Yes/No		
Name of Paediatrician:		Contact number
For correspondence please use GENERIC E-MAIL:	PLEASE INFORM ANC IF ANY FURTHER ACTION IS REQUIRED BY US WITH REGARDS TO PAEDIATRIC CARE PLAN	
Paediatric.Referral.HDD@wales.nhs.uk		

Appendix 2 – Antenatal Paediatric Referral Pathway



Generic Email Login

Username: gen222740
Password: 047222neG



UPDATED PAEDIATRIC REFERRAL FORM /
FETAL MEDICINE UPDATES TO BE FILED IN:

- HAND HELD NOTES- FOR OBSTETRIC REVIEW
- PAEDIATRIC REFERRAL FILE ANC
- HIGH RISK FOLDER LABOUR WARD
- ANTENATAL REFERRAL FOLDER SCBU

Appendix 3 - Neonatal Plan Sticker (this is available in print in each of the Antenatal Clinics)

