

Health Innovation Oxford & Thames Valley Regional Maternity and Neonatal Clinical Network SOP

Standard Operating Procedure	Home to hospital emergency transfer of pregnancies likely to require L3 Neonatal Intensive Care
Version:	V1.0 Final
Prepared by	Mr. Lawrence Impey, Oxford, Mr John Black, MD SCAS
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Background

For at risk neonates, birth in a unit with a Level 3 Neonatal Intensive Care unit (NNU) significantly improves survival. In utero transfer to Oxford of such pregnancies from Level 2 units has improved considerably over the last 10 years. However, pregnancies that have been referred as tertiary referrals to Oxford but are being managed as outpatients (i.e. their nearest hospital is not Oxford), are not always able to access Oxford in an emergency. This is because if the ambulance service is contacted, they will ordinarily take the woman to the nearest unit as the 'place of safety'. For high-risk pregnancies, the nearest place of safety is a Level 3 NNU.

This applies to

- 1) pregnancies where birth is anticipated extremely early (22+0-26+6 weeks (27+6 weeks with twins or higher order multiples)) or very small (with an estimated fetal weight <800g (including 1 of a multiple pregnancy)).
- 2) pregnancies where there is a significant risk of pulmonary hypoplasia (e.g. PPRM <20 weeks and gestation now \geq 22+0 weeks) but not where this is due to fetal renal disease.
- 3) where there is a fetal abnormality that is likely to require Level 3 NNU facilities.

Purpose

To ensure the appropriate and timely intrauterine transfer of women at home and not in the Oxford University Hospitals NHS Trust catchment area, to the Oxford Maternity Assessment Unit (MAU) who:

- have a pre-determined plan of care agreed by the Fetal Medicine Unit (FMU) at Oxford and meet the criteria for care in a Level 3 Obstetric Unit and
- who are in a pre-specified gestation window
- who have a pregnancy-related complication requiring the ambulance service

Geographical footprint

Milton Keynes University Hospital NHS FT, Buckinghamshire Healthcare NHS Trust, Royal Berkshire NHS FT, Wexham Park Hospital (not Frimley Health) and Great Western Hospitals NHS FT.

Inclusion Criteria

- Women who have been referred to Oxford for threatened preterm birth but have been discharged home, provided the gestation where transfer is required is stated.
- Pregnancies who have been referred to Oxford because of suspected fetal abnormalities, where delivery in Oxford is planned, irrespective of the gestation.
- Pregnancies who have been referred to Oxford where the baby is at risk of pulmonary hypoplasia, irrespective of the gestation.

Exclusion Criteria

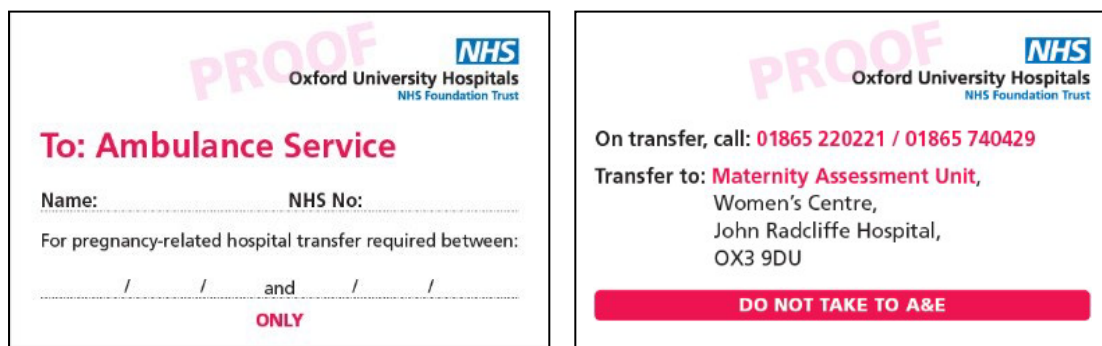
- All other pregnant women should be transferred to their own ‘Consultant Obstetric Unit’ which will be their nearest place of safety (this should not be a Midwifery Led Unit).
- Critically ill or injured mothers who need to be admitted urgently to the nearest Emergency Department

Identification of Inclusive Pregnancies:

Oxford FMU will provide a handheld identification card to those women who meet the Inclusion Criteria. The identification card will alert the ambulance crew to take them to the Oxford MAU. Women should be encouraged to take a picture of both sides of the card on their smart phone so that they can show ambulance staff if they do not have a physical card.

This identification card will also show the dates between which transfer should take place. If the end date has passed, the patient should NOT be transferred to Oxford, but rather the nearest ‘place of safety’.

These stickers/card will **not** be available outside Oxford FMU.



Process of identification and provision of the card

The card will be completed and provided by a member of the FMU midwifery team. Women should be informed that if they do not use the ambulance service, they should still attend OUH if they have a pregnancy related emergency within the specified time frame.

- 1) Fetal medicine patients: this will occur once review has taken place in FMU and will need to be reviewed at every visit. This is the responsibility of the senior FMU clinician in clinic who will communicate to the FMU midwifery team.
- 2) In-utero transfer, non-FMU patients (e.g. threatened preterm birth). Whilst many of these will be reviewed and scanned by the FMU team, this is not universal. It will then be the responsibility of the discharging clinician on the antenatal ward to ensure the FMU midwifery team are alerted.

Appropriate Destination

Direct transfer from the woman’s home to Oxford University Hospitals NHS Trust Maternity Assessment Unit (Level 3 unit) should only occur when the identification card is provided / photograph of the card is shown *and* where the date is within that specified on it.

The suspected condition of the baby or anticipated time of birth *should not* alter the policy.

However, where the maternal condition is severely compromised, transfer to the nearest place of safety for the mother (i.e. her local hospital/obstetric unit) should be considered.