DOCUMENT CONTROL

Title			
Maternal Transfer by Ambulance Guideline			
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0.2	Oct 2009	Revision	Amended following comments from October 09 guideline group
1.0	Nov 2009	Final	Approved, ratified and published on Tarkanet.
1.1	Feb 2010	Revision	Amended to include the recommendations of the CNST assessor.
0.1	Sep 2009	Draft	First Draft of new Guidelines/Reviewed into new trust format.
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Consulted with the following stakeholders: (list all)

- Senior Midwives
- Obstetricians
- Paediatricians
- South West Ambulance Service Foundation Trust (SWASFT)
- Obstetric Anaesthestists
- Pharmacist

Approval and Review Process

- Maternity Specialist Governance Group

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1. Introduction

1.1. The Maternity Transformation Programme has implemented its national vision for safer and more personalised care across England. In the review of Better Births four years on, the national ambition remains the same; to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025, NHS England (2020).

1.2. The Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) aims to contribute the national vision above, one of its key drivers being the Optimisation and stabilisation of the preterm infant, NHS England (2019). A consistent approach is required regarding the need for in-utero transfer and requires the implementation of the Operational Delivery Network (ODN) and local Trust policy for optimising prompt transfer of babies to the appropriate setting in utero where safe to do so.

1.3. It is also recognised that women will at times require transfer to NDDH via ambulance from the community setting. The aim is to ensure a safe and timely transfer of women to NDDH. This may be due to clinical reasons during the antenatal / intra-partum or postnatal period.

2. Purpose

2.1. This document sets out Northern Devon Healthcare NHS Trust's best practice guidelines for undertaking a maternal transfer via ambulance. This is for either;

- A woman at home requiring transfer in to NDDH, or
- A woman requiring an in-utero transfer to another obstetric unit for either maternal or neonatal care.

2.2. This guideline applies to all pregnant women who require a transfer via ambulance within Northern Devon NHS Healthcare Trust. It is for use by all staff within the maternity department and should be adhered to. Noncompliance with this guideline may be for valid clinical reasons only. The reason for non-compliance must be documented clearly in the woman's notes.

2.3. Clear communication and documentation is fundamentally important to effective transport strategies.

3. Definitions

3.1. In Utero transfer – The transfer of an expectant mother before delivery between hospitals for maternal or predicted neonatal care

3.2. ODN – Operational Delivery Network, the South West ODN ensures the delivery of the highest standard of Neonatal Care services across the South West, delivered in partnership with parents and families

3.3. PNTS - Peninsula Neonatal Transfer Service, a dedicated Neonatal Transport team based in Derriford Hospital, Plymouth

3.4. SWASFT – South West Ambulance Service Foundation Trust

3.5. AED – Automated External Defibrillator

3.6. BLS – Basic Life Support

4. Responsibilities

It is the responsibility of all clinical staff who care for women antenatally, intra partum and postnatally to follow this guidance. Non-compliance with this guideline must be for valid clinical reasons only. The reason for non-compliance must be documented clearly in the patient's notes.

5. Maternal Transfer by ambulance in the Community setting

5.1. Maternal transfer can be for either fetal / neonatal or maternal reasons occurring in the Antenatal, Intrapartum or Postnatal period

5.2. Indications for transfer; (This list is not exhaustive)

Antenatal

- Preterm Labour
- Preterm rupture of membranes
- Severe hypertension in pregnancy
- Ante partum haemorrhage
- Medical conditions in Pregnancy; diabetes, amnionitis, heart disease.
- Multiple gestation with complications
- Intrauterine growth restriction with non-reassuring fetal monitoring.
- Trauma
- Inadequate progress in labour
- Malpresentation.
- Any other obstetric or neonatal emergency.

Intrapartum

- Cord prolapse

- Meconium stained liquor, if thick or particulate
- Failure to progress in labour
- Bleeding
- Malpresentation
- Analgesia
- Fetal compromise
- Maternal compromise

Postnatal

- Haemorrhage
- Suturing
- Retained Placenta
- Maternal or fetal compromise
- Infection
- Thromboembolic complications.

5.3. Factors that need to be considered in planning for transport include the distance to NDDH and any climatic conditions at that time.

5.4. There must be a discussion with the woman and where possible, her partner, to ensure the reason for transfer is discussed. This discussion and the woman's consent should be documented in the hand held notes.

5.5. The reason for transfer of care must also be clearly documented in the notes.

5.6. For emergency transfer of care, the midwife attending the woman will contact the ambulance service on **999**. State clearly that you are a midwife attending a woman. Please see https://www.swast.nhs.uk/assets/1/147726-swasft-patienttransportoptions-booklet-web-18072019.pdf for further detail on current transport options: A guide for professionals when requesting Ambulance Transport.

Calling a 999 ambulance:

- Ideally, the midwife should phone **999** to provide the relevant clinical details to ensure the correct level of ambulance response. If this is not possible give instructions for someone else to make the call
- Every call is processed using a protocol specifically designed for ambulance requests from healthcare professionals
- The level of priority for the ambulance response will then be assigned
- If the woman's condition then deteriorates a further call to **999 MUST** be made to escalate concerns ensuring the appropriate response is allocated

5.7. You can ask the call taker what category of response you have been allocated. If you feel that a higher category is required you may ask to be transferred to a clinician to discuss the case. A decision will be made regarding the category of response and the response then managed as appropriate.

5.8. The midwife will contact the Delivery Suite Coordinator to discuss the concerns and reasons for transfer using the SBAR documentation tool, https://ndht.ndevon.swest.nhs.uk/wp/wp-content/uploads/2011/04/SBAR-maternity-sticker-draft-v3.pdf

5.9. The midwife will continue to document any care given in the hand held records, completion of NEWS/MEOWS as required

5.10. Midwives must give careful consideration to accompanying the woman in the ambulance. Professional accountability for the woman's maternity care can only be relinquished to another midwife or doctor in labour. If in attendance, the midwife should accompany the woman as the lead professional.

5.11. On arrival to Delivery Suite, the midwife will hand over the care to the receiving midwife, again using the SBAR principles / documentation.

5.12. A copy of the ambulance documentation should be filed into the maternity record.

5.13. A DATIX should be completed.

6. Maternal Transfer by ambulance for an In Utero Transfer

6.1. NDDH is a Level One unit, the agreed network thresholds for transfer out in-utero as follows:

Agreed network thresholds for transfer from NDDH to a level 2 or 3 unit

- Under 32 weeks gestation (31 weeks and 6 days)
- Under 1000g
- Intensive care and some high dependency infants
- Infants requiring invasive procedures (eg exchange transfusion)
- Infants requiring cardiac/surgical/specialist services

NDDH: Transfer of Neonates SOP (2017)

6.2. Babies will also require in utero transfer for other reasons this requires discussion and consultation between obstetric /midwifery and neonatal teams

6.3. Mothers may also require transfer out for maternal reasons and not always for fetal concerns, eg when delivery is planned in a tertiary centre for cardiac conditions

6.4. When a mother is identified as needing an In Utero transfer for fetal concerns, the obstetric team will discuss the case with the paediatrician

6.5. The obstetric team will contact the Peninsula Neonatal Transfer Service (PNTS) to identify a neonatal cot.

6.6. The contact telephone number is : **01752 432346**

(See below in Associated documentation for link to South West Neonatal Network for further guidance)

6.7. The clinician arranging the in-utero transfer of the woman to another maternity unit must complete the 'Peninsular In-Utero Transfer Form' and file it in the mother's healthcare documentation.

6.8. In-utero transfers must be logged in the transfer book kept on the Delivery Suite.

6.9. Ambulance transfer will need to be arranged. The current categories and response times when calling **999** are as follows:

Category 1 (Immediate life threatening event)

AED/BLS response to arrive as fast as possible with a mean time of 7 minutes

Category 2 (Serious potentially life threatening conditions)

Clinically qualified ambulance response with blue lights and siren within 40 minutes, with an average response time of 18 minutes

Category 3 (Urgent condition needs treatment to relieve suffering)

Clinically qualified ambulance response with blue lights and sirens if needed within 120 minutes

Category 4 (Non-emergency but medical need for urgent ambulance)

Ambulance response under normal road speeds within 180 minutes

6.10. When urgent transfer is required within 4 hours then you should call the SWASFT Health Care Professional line on **0300 369 0096** a 24 hour line

6.11. For any concerns in obtaining the appropriate ambulance response, the Health professional Line (as above 6:10) can be called to escalate to a Hub clinician and/or Duty Manager or Senior Clinical Advisor on – call as required

6.12. Physician to physician communication is mandatory to provide complete information on the patient reason for transfer and interim management measures (e.g.corticosteroids, antihypertensives, antibiotics)

6.13. Condition of Mother and fetus should be stabilised prior to transfer

6.14. Communicate the clinical problems, and estimated time of arrival with the receiving unit

6.15. Provide as much photocopied information as possible to the unit receiving the mother and fetus;

- Relevant hospital records and USS
- Drug charts
- Blood results

6.16. Prior to transfer of the mother;

- Ensure mother has an identity bracelet
- IV access should be established if appropriate
- Check In Utero transfer equipment

7. Contraindications for Maternal Transfer by ambulance

From home to hospital

- Imminent delivery

Transfer between maternity units

- Mothers condition is not sufficiently stabilised
- Non reassuring fetal monitoring
- Delivery is imminent
- No experienced attendants available to accompany the mother
- Weather and road conditions too hazardous for travel

8. Process for Implementation and Monitoring Compliance and Effectiveness

8.1. Every clinician involved in the transfer of a woman requiring ambulance transfer is responsible for practising in line with this policy.

9. References

- NHS England, (2019). *Saving Babies Lives Version Two: A care bundle for reducing perinatal mortality*
- NHS England and NHS Improvement, (2020). *Better Births Four Years On: A review of the progress*

10. Associated Documentation

- NDDH Transfer of Neonates SOP

  https://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/01/Transfer-of-Neonates-SOP-V2.1-Jan-17.pdf

- South West Neonatal Network – Peninsula Neonatal Transfer Service
  https://www.swneonatalnetwork.co.uk/media/99052/pnn-transfer-guidelines-v4-march-2015.pdf

- National Framework for Healthcare Professional Ambulance Responses
  https://www.england.nhs.uk/wp-content/uploads/2019/07/aace-national-framework-for-healthcare-professional.pdf