Obstetric Pathways WAHT-TP-094



In utero transfer record

This form is to be completed for **attempted but unsuccessful** and **successful** in utero transfers and babies with congenital abnormalities needing specialist input from birth.

NICU = <27 weeks of gestation or at a birthweight <800g. LNU = >27 weeks of gestation and birthweight >800g. SCU = >32 weeks gestation who require only special care or short term high dependency care. Antenatally identified congenital abnormality needing delivery in specialist unit. Organisation name:_____ Patient details: Name: _____ Gestation: ____+_ weeks NHS number: _____ Number of fetuses: 1 2 3 other Date of birth: Threatened preterm labour predictive test Indication for transfer: performed: Tick Value Cervical Length mm Positive/Negative Actim® Partus Positive/Negative Fetal fibronectin (fFn) Ng/ml QUIPP app % risk in 7 days Steroids administered: YES/NO Transfer discussed with consultant on call Date of first dose: _____ prior to transfer: YES/NO Time of first dose: : Magnesium Sulphate administered: YES/NO Time discussed with consultant: : Date of loading dose:_____ Time of loading dose: ___:__ Time decision made for transfer: : Date of maintenance dose: _____ Time of maintenance dose: ___:___ **Cot finding route:** Direct contact with neonatal unit □ Contact with KIDS/NTS □ Unit/NTS contacted: Unit/NTS contacted: Time contacted: ___:__ Time contacted: ___:__ Discussed with: _____ Discussed with: Transfer accepted: YES/NO Transfer accepted: YES/NO Labour ward outcome: ____ Labour ward outcome: _____ Indication for not accepting transfer: Indication for not accepting transfer:



Outcome

Outcome				
Transfer did not place (Tick reason):	Transfer outcome:			
Transfer did not place (fick reason).				
Clinical change (e.g. maternal		Tick	Date	Time
deterioration/improvement/advanced labour)	In utero transfer		//	_/_
No maternal had consoity found	Ex utero transfer		//	/_
No maternal bed capacity found				
No neonatal cot capacity found	Pregnant woman stayed in local		//	/
Unable to locate two cots for twins	unit			
Other	Date baby delivere	d:/_		
Comments:				
Comments.				
Incident form completed: YES/NO				
Healthcare professional completing this form (pr	rint name):			