

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: _____ **Date:** _____

Patient details:

Name: _____

NHS number: _____

Date of birth: _____

Gestation: _____ + _____ weeks

Number of fetuses: 1 2 3 other

Threatened preterm labour predictive test performed:

	Tick	Value
Cervical Length		_____mm
Actim® Partus		Positive/Negative
Fetal fibronectin (fFn)		Positive/Negative _____Ng/ml
QUIPP app		% risk in 7 days _____

Steroids administered: YES/NO

Date of first dose: _____

Time of first dose: ____:____

Magnesium Sulphate administered: YES/NO

Date of loading dose: _____

Time of loading dose: ____:____

Date of maintenance dose: _____

Time of maintenance dose: ____:____

Indication for transfer:

Transfer discussed with consultant on call prior to transfer: YES/NO

Time discussed with consultant: ____:____

Time decision made for transfer: ____:____

Cot finding route: Direct contact with neonatal unit Contact with KIDS/NTS

Unit/NTS contacted: _____

Time contacted: ____:____

Discussed with: _____

Transfer accepted: YES/NO

Labour ward outcome: _____

Indication for not accepting transfer:

Unit/NTS contacted: _____

Time contacted: ____:____

Discussed with: _____

Transfer accepted: YES/NO

Labour ward outcome: _____

Indication for not accepting transfer:

Outcome

Transfer did not place (Tick reason):

Clinical change (e.g. maternal deterioration/improvement/advanced labour)

No maternal bed capacity found

No neonatal cot capacity found

Unable to locate two cots for twins

Other

Transfer outcome:

	Tick	Date	Time
In utero transfer		__/__/__	__/__
Ex utero transfer		__/__/__	__/__
Pregnant woman stayed in local unit		__/__/__	__/__

Date baby delivered: __/__/__

Comments:

Incident form completed: YES/NO

Healthcare professional completing this form (print name): _____