Worcestershire Acute Hospitals NHS Trust

Transfer of women and/or babies from the community to Hospital

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Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
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Key Amendments

Date	Amendments	Approved by

It is necessary on occasions for pregnant/postnatal women and/or their baby/babies to be transferred from the community into hospital, how this happens will depend on the circumstances surrounding the need for transfer. Each case must be reviewed individually to ensure the transfer is timely and appropriate.
Arrangements should be made where possible to transfer the patient to the hospital where they are booked to deliver/delivered.
The patients covered by this guideline are pregnant/postnatal woman and/or their baby/babies at home or in the community setting e.g. Clinic, General Practitioners Surgery.
See also Breech presentation, Home Birth, MD36 Handover of care, Management of Significant Hypertension in Pregnancy

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:
All community Midwives and Student midwives under the supervision of a Registered Midwife.

GUIDELINE
In all cases the woman should be advised to bring with her any medication that she and, if applicable, the baby are taking.
The woman's hand held antenatal/postnatal notes or baby's notes should accompany them.
Information regarding the reason for transfer and any care provided, interventions and actions should be documented within the handheld notes. This information should be relayed to the receiving health care professional to allow them to continue with contemporaneous records.
Copies of any documentation raised by ambulance crew to be filed in the hospital notes.

Non Urgent (Within 2-4 hours)
Women / neonates who are clinically stable e.g. women in early labour, with spontaneous rupture of the membranes, or jaundiced neonate diagnosed with SBR (see Paediatric Neonates Pathway WHAT-TP-047 Management of Neonatal Jaundice).
The woman should be asked to make her own way to the delivery suite, day assessment unit, or ward depending on where the referring midwife has arranged for her to be seen. A partner/friend should drive her or via a taxi. The baby should travel with an appropriate car seat where available.

Urgent (within the hour)
Clinically unwell women or babies. This includes:

- All women with significantly raised blood pressure (as defined in guideline WAHT-OBS-028 Management of Significant Hypertension in Pregnancy) but asymptomatic, clinical signs/symptoms suggestive of sepsis.
- Babies with clinical signs/symptoms suggestive of sepsis, those with mild/moderate respiratory distress, unsettled babies or those with persistent vomiting for example. This is not an exhaustive list and the attendee should use their clinical judgement. Baby/babies who are causing concern should be referred to the paediatric registrar on call. The appropriate location for admission should be discussed but will most likely be the paediatric ward.
- The referring midwife should make arrangements with ambulance control for urgent admission and

accompany the woman or baby if required. The referring midwife should inform the delivery suite coordinator who in turn will contact the appropriate medical staff.

Emergency (Immediate Admission)

Clinically unstable women including all women with significant ante partum haemorrhage, post partum haemorrhage, significantly raised blood pressure with symptoms of pre-eclampsia, complications at home delivery. If the woman is postnatal the baby should be transferred with the woman unless the condition of either mother or baby necessitates individual transfer to hospital. This should involve babies who are febrile, poorly responsive, tachycardic or with significant respiratory distress for example. This is not an exhaustive list and the attendee should use their clinical judgement.

Women:

- The midwife should dial **999 (**or ask partner/relative) to request assistance from an ambulance with paramedic support. Check with the nearest delivery suite if a bed is available. The midwife should inform ambulance control that it is an obstetric emergency that is time critical.
- The midwife and paramedic should stabilise the woman and transfer in as soon as possible.
- All observations and actions and timings should be documented in the notes. (A scribe can be used if the midwife is too busy e.g. technician.)
- The woman's condition should be appropriately monitored en route and clearly documented in her notes at the earliest opportunity.
- Once on delivery suite or ward the healthcare professional should hand over details of the woman and her care to the receiving midwife /medical staff.
- If the midwife is returning back this may be possible with the ambulance crew, if this is not possible then she should consider contacting a community midwifery colleague to pick her up. If this is not possible a taxi can be requested.

Babies:

- If the baby is sick the midwife should dial **999 (**or ask partner/relative) to request assistance from an ambulance with paramedic support.
- The baby should be accompanied by mother if she is well enough or an adult designated by the mother who is informed about the history. Contact details for mother should be supplied particularly if the accompanying adult does not have parental consent.
- The midwife should inform the local paediatric registrar by telephone of the child's clinical history and requirement for urgent admission.
- The baby should be taken to the nearest Accident and Emergency department (not Minor Injuries Unit) but the location should be confirmed with the paediatric registrar