**In-Utero Transfer Coordination process:**

Demographics taken:

Referrer’s name and site

Patient’s name and identifiers.

Conference call:

Clinical details passed on to receiving obstetrician and joint decision made about appropriateness of transfer, including suitability of the receiving site and safety in transit.

Connect referring Consultant, receiving Obstetric Consultant, **and**

Neonatal Consultant

**Establish fetal risk staus:**

* CARDIAC OR SURGICAL ABNORMALITIES
  + Establish if there is a planned site for delivery e.g. RHCG, RIE, AMH
* GESTATION LESS THAN 28 WEEKS

Connect Referring and Receiving

Obstetrics Consultant

Once Connected - Establish if anyone else is required for the Conference call.

Establish who is required. Coordinator **MUST** include them in the conference call.

Continue with call.

Unit with cot and bed available located using Badgernet cot locator and confirmatory telephone calls to NNU and labour ward:

* FETAL CARDIAC ABNORMALITY- **RHCG (or as advised by referrer)**
* FETAL SURGICAL ABNORMALITY- **RHCG, RIE OR AMH (as per location or planned site for delivery as advised by referrer).**
* <28/40 **LEVEL 3 UNIT**

Set up a conference call.

FETAL CARDIAC/SURGICAL ABNORMALITY OR <28WEEKS

Uncomplicated >28 weeks

YES**SSSS**

NO

ICS staff deploy ambulance, timescale dependent on the outcome of the conference call above.