

Operational Guidelines:

Accessing Neonatal Advice and Pathways for Transfer of Newborn infants delivered in Gilbert bain Hospital and Balfour hospital to Aberdeen Neonatal Unit

Version 1

Document application: From 1st February 2022*

Review date: 1st February 2023*

Purpose/description: To support staff working in CMUs with the decision making

around transfer of new-borns requiring additional neonatal

care

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Manager, Orkney Health and Care.

Group responsible for this

document:

Remote & Rural Network

Policy statement: It is the responsibility of all staff to ensure that they are

working to the most up-to-date and relevant policies,

protocols, and procedures.

Responsibilities for implementation:

Organisational: Chief Executive & Operational Management Team

Sector: General Managers, Medical & Nursing Leads

Departmental: Clinical Leads

Revision History:

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked*
16/12/2021		Changes made on page 1,2,3, 4 (Mode of transfer) and 8	Changed are indicated with *

These operational guidelines have been adapted for local operations from operational guidelines developed by National Remote & Rural Network Group.



ACCESSING NON-URGENT NEONATAL SUPPORT

STABLE NEWBORN INFANT

GREEN PATHWAY

Contact:

Call Neonatal Consultant, Aberdeen Maternity Hospital.

The Neonatal Consultant must be involved in the decision-making process

Direct Telephone Number/Single Point of Contact:

Our green pathway unit	Phone/Contact Number	
Neonatal Unit, Aberdeen	01224 662444 (Aberdeen Switchboard) and request to speak to On call	
	Neonatal consultant	

Early discussion is beneficial in arranging or possibly avoiding transfer.

SBAR discussion

**List of Pathway/Support units Appendix 1

Further review can be supported by

Telephone/Video link (Near me/Attend Anywhere/VC) assessment

If an infant requires transfer to Neonatal Unit/Postnatal Ward/TC for care beyond that which can be provided locally the Unit Neonatal Consultant is responsible for the timing of transfer and should join the conference call along with ScotSTAR and CMU*.

Examples include but are not limited to:

- Well baby but needs discussion regarding infection risk factors
- Hypoglycaemia requiring a feeding plan /intervention
- Jaundice requiring treatment
- Hypothermia not improving

- Isolated grunting in infant <1 hour who is pink and well perfused
- Infant with asymptomatic soft heart murmur on day 1-2
- Transfer for maternal reasons e.g. mother requires HDU/ITU care
- Weight loss out with normal range

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ACCESSING URGENT NEONATAL SUPPORT SICK OR UNSTABLE NEWBORN INFANT

RED PATHWAY

Call Direct Telephone Number/Single Point of Contact:

Our red pathway local unit/ScotSTAR	Phone/Contact Number	
Neonatal Unit, Aberdeen and ScotSTAR	03333 990 222 (SSD) for conference call and request to speak to Aberdeen Neonatal consultant and ScotSTAR Neonatal consultant	

A Neonatal Consultant must be involved in this communication at the earliest opportunity

SBAR discussion:

S: Location, name, role and reason for call

B: Gestation and age in hours of baby

A: Current assessment, response to any interventions and concerns

R: I need immediate advice and support

Prepare VC/Near Me/Attend Anywhere at the earliest clinically safe opportunity

NEONATAL CONSULTANT DISCUSSION

For island units a Neonatal ScotSTAR transfer is more appropriate either by fixed wing or helicopter. This will be decided by Neonatal ScotSTAR.

The Aberdeen neonatal team will continue to provide advice and support to the CMU until such time as the infant is moved*.

Neonatal resuscitation and stabilisation should continue throughout the process of obtaining further support. After initial call, whenever safe to do so, communication with ScotSTAR/NNU is preferred by VC/Near Me/Attend Anywhere.

Our local method of video review is:	https://nhsattend.vc/NHSGGC/ScotSTAR
	The position and the transfer of the transfer

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TRANSFER OF NEWBORN INFANT FROM A CMU TO NNU OPERATIONAL GUIDELINE

Underpinning principles to this guidance:

- The decision to move the baby will be made/confirmed by the on call Neonatal Consultant, Aberdeen Maternity Hospital*.
- The Neonatal Consultant will agree the requirement, time frame and transport service. They will have overall responsibility for activating the transfer and be assisted in this by the Registrar/ANNP/Nurse in charge for NNU.
- Depending on geography support may be provided by the ScotSTAR Neonatal Service rather than an aligned "parent/pathway" Neonatal Unit.
- All CMUs must have an agreed single point of contact to their pathway NNU or ScotSTAR Neonatal Services (see Appendix 1). This must be shared with all staff and displayed clearly widely within individual CMUs. This must be shared with all new employees.
- The supporting team will continue to provide advice and support to the CMU until such time as the infant is moved.
- Use of VC/Near me/Attend Anywhere is available to aid this process. A request of this during the telephone call must be made as there is no ongoing monitoring for unarranged calls within Near Me/Attend Anywhere.
- Telephone support must continue until a visual link is established (if required).

Agreed support pathway unit shown on Appendix 1 & information flowchart on Appendix 2.



MODES OF TRANSFER* OPERATIONAL GUIDELINE

Essential information and principles:

- Pregnant women choosing to deliver in a CMU must be made aware during their antenatal care that immediate on-site neonatal support is not available and if their baby requires immediate support this may involve a transfer by 999 ambulance or ScotSTAR Neonatal Services to the most appropriate NNU.
- The ScotSTAR Neonatal Service is Scotland-wide with the ability to deliver full intensive care support.
- Given the geography of Scotland any emergency services attending a remote CMU
 may take several hours to arrive, prospective parents must be made aware that
 neonatal support is not immediately available in the event of a baby being unwell.
- Babies requiring non urgent review/outpatient investigations do not routinely require the support of the ScotSTAR Neonatal Service.



999 EMERGENCY TRANSFER of a NEWBORN from CMU to NNU Operational Guide

CALL SCRIPT

- Dial 999:
 - o Phone call usually made by **midwife** on site (aids SAS in identifying location)
 - o If pathway unit has been called and on-site midwife is busy supporting the baby, the neonatal clinician at the NNU can be tasked to call 999
- Clearly state the following:
 - "I would like to request a 999 ambulance to transfer a new-born baby from XXXXX to XXXXX
 - o **If an ambulance is required immediately**, state:
 - 'There is an Immediate Threat to Life'
 - o "The baby's name is....."
 - o "The baby's location is" (department, hospital/unit, town)
 - o "The mother will/will not be travelling with the baby"
 - o "A midwife will/will not accompany baby in the ambulance."

NNU team to provide continued phone support while infant is awaiting transfer.



References:

- 1. The Best Start:five-year plan for maternity and neonatal care . Scottish Government January 2017
- 2. Fatal Accident Report B327/15. Determination by Sheriff Pino Di Emidio . Fatal Accidents and Sudden Deaths Inquires (Scotland) Published January 26^{th} 2018
- 3.The Ockenden Report: Emerging Findings and Recommendations from the Independent review of Maternity Services at the Shewsbury and Telford Hospital NHS Trust , Published December 2020
- $4. The \ ESMiE \ report: Enhancing \ the \ Safety \ of \ Midwifery-Led \ Births. \ NIRH \ Policy \ Research \ Unit \ NPEU \ British \ Journal \ Obstetrics \ and \ Gynaecology \ 10^{th} \ June \ 2020$
- 5. British Association of Perinatal Medicine: Neonatal Support for Stand Alone Midwifery Led Units (MLUs) –A Framework for Practice , May 2011 update pending Summer 2021
- 6. Core Mandaory update for Midwives and Obstetricians. CMO and CNO letter Scottish Government 21st December 2018



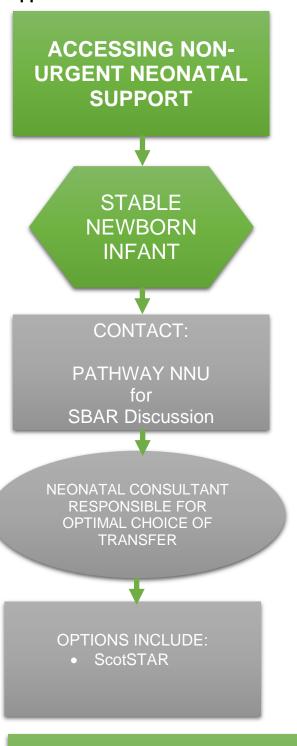
Appendix 1:

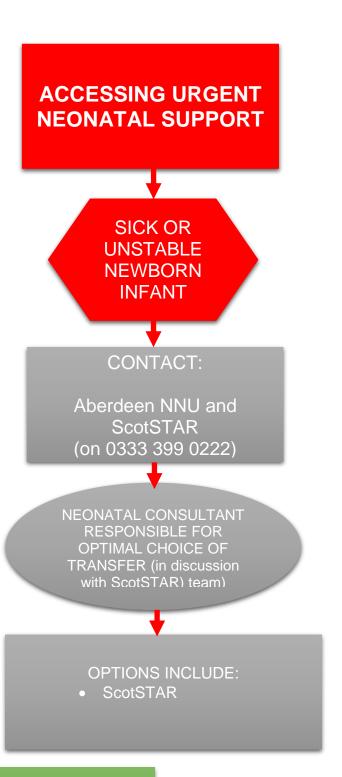
Agreed CMU support pathway unit

ScotSTAR	Aberdeen	Ninewells	Raigmore
 Arran Barra Benbecula Campbeltown Dunoon Inverclyde Islay Jura Lochgilphead 	ElginInveruriePeterheadOrkneyShetland	• Arbroath • Perth	Fort WilliamSkyeWick
 Oban Rothesay Stranraer Tiree Vale of Leven Western Isles Smaller west coast islands 			



Appendix 2:





Examples include:

- Well baby but needs discussion regarding infection risk actions
- Isolated grunting in infant <1 hour who is pink and well perfused
- Low glucose levels
- Infant with asymptomatic soft heart murmur on day 1-2
- Jaundice requiring treatment
- Transfer for maternal reasons
- Hypothermia not improving
- Weight loss out with normal range