

Operational Guidelines:

Accessing Neonatal Advice and Pathways for Transfer of Newborn Infants Born in Peterhead and Inverurie Community Maternity Units (CMUs) to Neonatal Unit (NNU), Aberdeen Maternity Hospital

Version 1

Document application: From 6th December 2021
Review date: 6th December 2022

Purpose/description: To support staff working in CMUs with the decision making around transfer of new-borns requiring additional neonatal care


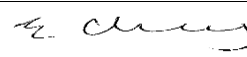
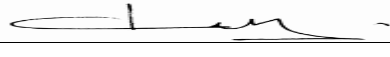
Lead Co-ordinator: Dr Vijender Kistareddy
Group responsible for this document: Women and Childrens Division
Linda Stewart, Interim Community Midwifery Manager,
Liz Cheung, Katie Colville, Interim Chief Midwives.

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:

Review Date	Reviewer	Title	Signature
15/11/2021	Linda Stewart	Interim Community Midwifery Manager	
29/11/21	Liz Cheung	Interim Chief Midwife	
30/11/21	Vijay Kistareddy	Neonatal Consultant	

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

ACCESSING URGENT NEONATAL SUPPORT

SICK OR UNSTABLE NEWBORN INFANT

RED PATHWAY

Call Direct Telephone Number/Single Point of Contact:

<u>Our red pathway local unit/ScotSTAR</u>	<u>Phone/Contact Number</u>
Neonatal Unit, Aberdeen	01224 662 444 (Aberdeen Switchboard) and request to speak to On call 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

NEONATAL CONSULTANT DISCUSSION

The Neonatal Consultant will decide the most appropriate transport mode; whether 999 ambulance or ScotSTAR.

999 ambulance transfer to the agreed NNU may be the optimal option if a baby is unexpectedly unstable/unwell, level of urgency of transfer and if ScotSTAR North Neonatal team is not available.

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

Our local method of video review is:	https://nhsattend.vc/NHSGGC/ScotSTAR
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<p style="text-align: center;">TRANSFER OF NEWBORN INFANT FROM A CMU TO NNU OPERATIONAL GUIDELINE</p>
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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 can be assisted in this by the Registrar/ANNP/Nurse in charge for NNU.
- 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. Should the ScotSTAR team be unavailable/en route the receiving unit will provide this support.
- 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 ambulance transfer of an unstable/unwell new-born to the agreed pathway NNU should be considered depending on clinical presentation and factors affecting response times. Please note each mode of transfer has inherent risks and benefits.

Options:

1. 999 emergency transfer by SAS with midwife and ambulance crew support: -

This option will be used when the risks of such a transfer are deemed less than the risk of keeping the baby in the CMU until additional support can reach them. The use of an extra small harness designed for neonates will be required if a baby is travelling by ambulance.

2. The ScotSTAR Neonatal Service: -

Neonatal clinicians will offer advice and support via telephone or Near Me/Attend Anywhere while awaiting transfer by a ScotSTAR Neonatal Service team. The ScotSTAR emergency contact number is **03333 990222**.

Considerations:

- Clinical problem
- Availability of ScotSTAR Neonatal Transport Service/local SAS

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

CALL SCRIPT

- **Dial 999:**
 - *Phone call usually made by **midwife** on site (aids SAS in identifying location)*
 - *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”*
 - **If an ambulance is required immediately**, state:
 - **‘There is an Immediate Threat to Life’**
 - *“The baby’s name is.....”*
 - *“The baby’s location is” (department, hospital/unit, town)*
 - *“The mother will/will not be travelling with the baby”*
 - *“A midwife will 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 26th 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 10th 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 Mandatory 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
<ul style="list-style-type: none"> • Arran • Barra • Benbecula • Campbeltown • Dunoon • Inverclyde • Islay • Jura • Lochgilphead • Oban • Rothesay • Stranraer • Tiree • Vale of Leven • Western Isles • Smaller west coast islands 	<ul style="list-style-type: none"> • Elgin • Inverurie • Peterhead • Orkney • Shetland 	<ul style="list-style-type: none"> • Arbroath • Perth 	<ul style="list-style-type: none"> • Fort William • Skye • Wick

Appendix 2:

