NHS Greater Glasgow and Clyde

GREATER GLASGOW & CLYDE OBSTETRIC GUIDELINES

In–Utero transfers (IUT)

In-utero transfer form

IUTs are an essential part of networked care and have been shown to improve neonatal outcomes compared to a postnatal transfer. To avoid unnecessary risk to the mother and baby in transit, there should be a full review of the clinical situation when considering an IUT. **All potential IUTs should be discussed with the Neonatal unit and on call Neonatal and Obstetric Consultant**

Possible indications for IUT:

Lack of capacity in the local NNU

Fetal concerns mean delivery in another centre is required

Gestation below that which local NNU manages

Fetal Surgical disorders (e.g. Congenital Diphragmatic Hernia)

Fetal Cardiac disorders

Maternal conditions requiring delivery in another centre eg Cardiac / haematological / Invasive Placental Disease

Is it appropriate for IUT?

Fetal – Does the baby require delivery within the next 2 hours?

Maternal – Is the mother requiring obstetric HDU? Are there any concerns regarding maternal observations? Is there fresh bleeding? Is the mother in advanced labour? / Is she on MgSO4 or IV antihypertensives for pre- eclampsia?

If the answer to any of the above yes then an IUT should not take place. In exceptional circumstances consideration could be taken to transfer with a critical care team (after discussion with the Obstetric Anaesthetic Consultant). Where transfer has been deferred due to one of the above reasons, but the clinical situation then improves, further consideration to IUT should be given, in discussion with the on call consultant Obstetrician.

Process

Call In Utero Coordination Service (formerly known as PAS) on 03333 990 210 **ICS will source an appropriate destination based on cot/bed availability and the clinical situation. To ensure that an appropriate destination is found, ensure full clinical details particularly fetal surgical/cardiac issues that may require delivery at the RHCG.**

Once a cot and bed have been found, they will call back and organise a Consultant to Consultant referral (when feasible) where full clinical details can be shared. When the consultant from the unit transferring the woman out is not

in the hospital (on call from home) then it may be more appropriate for the middle-grade obstetrician to partake in the PAS call (after discussing with their obstetric consultant first).

The neonatologist and obstetrician should speak to the parents re transfer.

ICS will organise an ambulance, with the timescale decided as part of the referral discussion.

Obstetrician to document summary of conversation on Badgernet.

Inform Hospital co-ordinator of plan / timeframe for ambulance. It is the co-ordinator's ongoing responsibility to ensure the transfer takes place in the requested timeframe and to liaise with staff if there are any delays.

The Obstetrician should document a plan for monitoring whilst awaiting transfer.

Complete IUT form.

If ambulance does not arrive within planned time frame, or the clinical situation changes such that a more rapid timescale is indicated contact ICS - 03333 990 210.

Once ambulance arrives on call team to reassess safety of transfer and complete In-Utero Transfer Pause.

Hospital Co-ordinator to inform receiving hospital when patient leaving.

Midwife accompanying mother to complete a note on Badgernet documenting safe arrival and summarising progress in transit.

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Approved by Obstetric Guideline Group:…14/5/19…………………………………….

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In-Utero Transfer Pause

Remember: ~~for~~ Consider the safest outcome for both the mother and the baby – whether this should be an in-utero or an~~d~~ ex-utero transfer ~~extra-uterine transfer should be considered in every case.~~

Likely time for transfer:
Aberdeen- 2.5 hours
Dundee- 1.2 hours
Crosshouse – 0.40 minutes
Wishaw – 0.30 minutes
Forth Valley – 0.30 minutes
Edinburgh/Glasgow- 1hr 05min
Raigmore – 3 hours 10 minutes

Patient Address Label

Date and time of decision to transfer:
Confirmation of accepting transfer and location details:
Ambulance required: Book only when staff available for transfer
Midwife escort required:
Authorising Consultant:
Transfer Check list to be completed just prior to transfer Date .... Time ....
Gestation & reason for transfer
Assessment of labour/contractions/parity/POH:
Assessment of fetal wellbeing

Time of last VE and findings:

Any special considerations required? - Steroids/Analgesia/Atosiban:		
Have there been any changes from the prior assessments?		
Consider distance to destination and weather conditions		
If anyone thinks something doesn't seem correct this is the time to say		
Staff present at pause **Form to be completed by transferring Midwife**		
Agreement safe to proceed		
Obstetrician (middle grade or consultant) agrees	Yes	No
Transferring midwife agrees	Yes	No
Ambulance staff agrees	Yes	No
Patient understands and in agreement with transfer	Yes	No
Time leaving:		

Debrief
Arrived at destination safely?
Any specific learning points?

This document should be kept with the maternal case record and be scanned in to Portal in due course.