

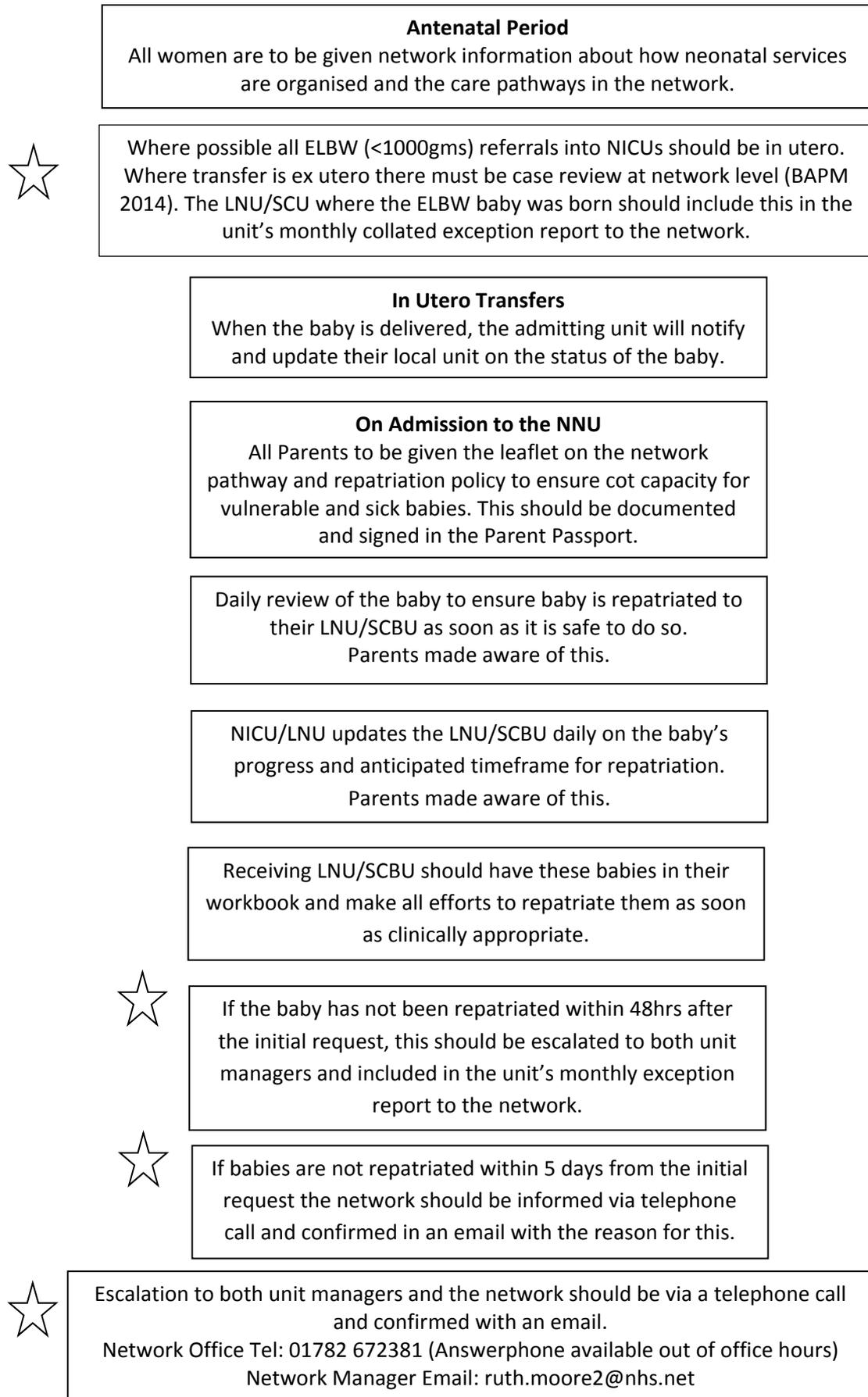
Repatriation Policy

1. The SSBCNMN was established to facilitate the neonatal service providers in the network to work collectively to provide the right level of care for the right baby in the right hospital at the right time. The ultimate aim is to keep babies within the network as close to home as clinically appropriate.
2. There are three types of neonatal unit with the following designations;
 - a. Neonatal Intensive Care Units (NICU)
 - b. Local Neonatal Units (LNU)
 - c. Special Care Units (SCU)
3. The units in the network have the following designation:
 - a. University Hospital of North Staffordshire NHS Trust – NICU (All gestations)
 - b. Royal Wolverhampton Hospital NHS Trust – NICU (All gestations)
 - c. Shrewsbury and Telford Hospitals NHS Trust – LNU (27 weeks and above)
 - d. Dudley Group of Hospitals NHS Foundation Trust – LNU (27 weeks and above)
 - e. Walsall Healthcare NHS Trust – LNU (28 weeks and above)
 - f. Mid Staffordshire NHS Trust – SCBU (32 weeks and above)
4. Babies who require a higher level of care than is available at their place of delivery (SCU/LNU) are routinely transferred to the Local Neonatal Unit (LNU) or Neonatal Intensive Care Unit (NICU) in order to receive either High Dependency (HD) or Intensive care (IC) as appropriate to their level of care needs. However, once they are well enough they should be repatriated to their place of booking (SCU/LNU) for ongoing management and preparation for discharge.
5. One of the challenges in running a network of units providing different levels of care for babies is the refusal by parents to repatriate their baby(s) to their place of booking once they no longer require the IC/HD level of care. As a result of this, the cot capacities in the NICU and LNU are compromised by babies occupying IC/HD cots when they no longer require this level of care.
6. Given the constraints with the resources, the network needs to ensure that the cot capacity is maintained for the most vulnerable and sick babies in the NICUs and LNUs. Babies need to be repatriated to their LNU/SCBU as soon as they are well enough to do so. **There is no parental choice in this matter.**
7. In order to work effectively as a network and ensure there is the capacity to accommodate network babies the proposed algorithm and escalation pathway shown in Figure 1 will be followed.
8. Parents will be informed about the pathway of care in the antenatal period and again on admission to the neonatal unit.
9. A common SSBCNMN/SWMMN Parent Information Leaflet is being prepared to inform parents about how neonatal services are organised within the network.
10. Routine isolation practice should be reviewed by each unit to ensure this is not an obstacle to repatriation of babies with no known colonisation of organisms.

Appendix 1

Figure 1.

Algorithm for the repatriation of babies to their LNU/SCBU following in-utero or ex-utero transfer



Reference: BAPM, 2014, Optimal Arrangements for Neonatal Intensive Care Unit in the UK including guidance on their Medical Staffing: A Framework for Practice