MATERNAL TRANSFER
(including in-utero transfer)

DEFINITION
- Safe transfer or retrieval of a woman from one clinical care setting to another to provide care in specialist area or centre
- Transfers may be made for maternal or neonatal reasons and can occur at any stage of antenatal, intrapartum or postnatal period
- It may be necessary to transfer between community and hospital or from one hospital to another (e.g. where specific maternal/neonatal facilities are required)

GENERAL PRINCIPLES
This guideline covers
- Transfer into hospital from community
- Transfer to another specialist unit within Trust
- Transfer to maternity unit from within Trust
- Transfer to another Trust
- In-utero transfer
- Postnatal transfer

PREPARATION FOR ALL TRANSFERS
- Good preparation reduces risk of deterioration in woman’s condition during transfer
- Inform clinical staff and woman of reason for transfer
- Document events leading up to decision to transfer, together with a provisional diagnosis
- Before transfer, provide receiving unit with written and verbal summary of woman’s condition and provisional diagnosis
- Woman and baby’s medical record must accompany them when they transfer
- There should be local agreements with the ambulance service regarding attendance at emergencies or when transfer required
- Urgency of transfer will determine personnel required and mode of transport
- Midwife allocated to woman should identify fetal wellbeing if applicable

ACCEPT transfer tool (if used locally)
- ACCEPT transfer tool ensures structured assessment and procedure
- Person making decision to transfer woman indicates which transfer categories apply on the ACCEPT checklist (if used locally)

|   | 
|---|---|
| A | Assessment |
| C | Control |
| C | Communication |
| E | Evaluation |
| P | Preparation & packaging |
| T | Transportation |

Equipment
- Ensure accompanying equipment functioning
- Supply sufficient drugs and fluids for entire journey
- Secure lines (e.g. IV, CVP, CBD)

Woman
- Explain reason for transfer to woman and partner and document discussion in healthcare record
- Obtain and record consent (where able)
- Stabilise woman for transfer

Fetus
- Assess fetal wellbeing if appropriate
Documentation (requirements for each staff group)

**Midwife**
- Documentation and handover responsibility, to include:
  - summary of maternal transfer documented in woman’s healthcare record and continue to complete appropriate tool (e.g. ACCEPT) for handover
  - ensure full photo-copy of maternal healthcare record (including EFM traces, drug charts, investigation results etc) accompany woman. If not available at time of transfer, are telephoned as soon as available

**Medical staff**
- If transferring to another hospital, obstetric registrar to write detailed letter containing patient history and treatment, including:
  - drugs prescribed and administered
  - investigation reports/results
  - fetal heart rate (FHR) trace
  - anaesthetic chart (if applicable)

Prepare for transportation

**Personnel**
- Qualified midwife must accompany woman
- Specialist personnel may be required to accompany woman, depending on her condition and current condition of fetus after assessment by person(s) making decision to transfer

Monitoring during transportation
- Continue appropriate monitoring during ambulance transfer until handover at receiving unit

TRANSFER IN FROM COMMUNITY
- Community midwife will:
  - identify need for transfer
  - inform delivery suite team leader by telephone outlining patient history, current maternal condition and specific maternal requirements on arrival

Booking ambulance
- Community midwife will call 999 and request ambulance with paramedic assistance
- Follow local Home delivery guideline

On admission to delivery suite
- Most senior obstetrician present on labour ward will review within 30 min of admission or immediately if life-threatening emergency
- If no immediate concerns, perform initial risk assessment and request obstetric registrar to review as soon as possible
- Wherever appropriate and possible, community midwife responsible for transfer should continue to care for woman

TRANSFER TO OTHER SPECIALIST UNIT WITHIN TRUST

**Decision to transfer woman to other specialist unit within Trust (e.g. critical care area) must be made by consultant obstetrician and consultant anaesthetist after discussion with senior staff in receiving area (e.g. intensive care consultant)**

Booking transport
- Midwife will arrange transport (e.g. ambulance or porter) as per local practice

TRANSFER TO MATERNITY UNIT FROM WITHIN TRUST

**Multidisciplinary decision involving transferring team, receiving team, consultant obstetrician and midwife**
- **Midwife in charge** will inform all appropriate members of maternity team of impending arrival
- He/she will ensure full handover from transferring department, including:
  - history
  - healthcare record accompanies woman
  - drugs prescribed/administered
  - investigation requests/results

### TRANSFER FROM DELIVERY SUITE TO ANOTHER TRUST
- Delivery suite on-call consultant obstetrician will make decision to transfer woman
- Once decision confirmed, team leader and obstetric registrar will co-ordinate arrangements and allocate tasks to team members
- If anaesthetic referral required, consultant anaesthetist will contact consultant anaesthetist at receiving unit directly

#### Booking ambulance
- Person making decision will indicate transportation required. Consultation with neonatologist and anaesthetist may be necessary
- Transfer co-ordinator will allocate the task of booking ambulance to a team member, who will:
  - book ambulance, indicating urgency
  - request specific equipment (e.g. stretcher, oxygen, portable ventilator)
  - indicate number of personnel accompanying woman (dependent upon multidisciplinary team assessment)
  - request estimated time of arrival

#### Arrival at receiving unit
- Escorting staff should:
  - handover to receiving team, giving information on vital signs, therapy and significant clinical events during transfer
  - handover documents
  - document details of transfer process in **maternal healthcare record** until transfer of care completed

### IN-UTERO TRANSFER
- In-utero transfer is a major disruption for women and their families and often carries significant risks. It is essential that the woman and her family are involved in the decision making process and have given their consent to proceed
- If woman being transferred antenatally due to lack of neonatal facilities, delivery suite team member must locate a unit able to accept mother and baby before any further arrangements made
- Consultant obstetrician makes decision for in-utero transfer after robust risk assessment discussion with midwife and neonatologist

#### Indications for in-utero transfer out
- Suspected or actual preterm labour <34 weeks’ gestation when no neonatal intensive care unit (NICU) cot available
- Women <34 weeks’ gestation requiring delivery for fetal or maternal reasons when no NICU cot available
- Unit unable to safely facilitate management of high-risk cases due to delivery suite activity
- **Specialist neonatal care not available at local Unit** e.g. elective early postnatal surgery indicated for neonate

#### Indications not to transfer out
- Where transfer may pose a significant risk to mother or baby, continue management locally and instigate ex-utero transfer as necessary e.g:
  - advanced labour
  - pathological EFM
  - unstable mother
Maternal transfer 2013–15

- This list is not exhaustive. Ensure careful risk assessment of maternal and fetal condition throughout the transfer process, looking for any deterioration in maternal/fetal wellbeing

Procedure
- Follow your local Trust in-utero transfer guideline
- It is good practice to ensure woman receives appropriate follow-up

POSTNATAL TRANSFER
- If transferring woman alone postnatally, midwife will discharge baby to the care of woman’s partner/relatives
- If unable to discharge baby to family, arrange care on postnatal ward

FOLLOWING SAFE TRANSFER OR RETRIEVAL OF WOMAN
- If used locally, complete and file ACCEPT maternal transfer checklist in woman’s healthcare record
- Delivery suite team leader documents transfer of woman on bedstate/bleepholders report
- If woman transferred to speciality unit within Trust:
  - antenatal/postnatal assessment by delivery suite team leader to ensure antenatal/postnatal care maintained throughout period of care required
  - document subsequent treatment/discussions in woman’s healthcare record