



## Operational Guidelines:

# Accessing Neonatal Advice and Pathways for Transfer of Newborn infants delivered in Community Maternity Units (CMUs) to Neonatal Units (NNUs) & Maternity Units

## Version 1.7

**Document application:** From 1<sup>st</sup> April 2021  
**Review date:** 1<sup>st</sup> April 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 Lesley Jackson  
**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*

These operational guidelines have been adapted from operational guidelines developed by NHS Tayside and NHS Grampian.



## ACCESSING NON-URGENT NEONATAL SUPPORT

### STABLE NEWBORN INFANT

#### GREEN PATHWAY

**Contact:**

Call Neonatal Registrar/ANP in agreed NNU/support pathway\*\*

The Neonatal Consultant must be informed of the contact and must be involved in the decision-making process

**Direct Telephone Number/Single Point of Contact:**

<u>Our green pathway unit/ScotSTAR</u>	<u>Phone/Contact Number</u>

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 a Neonatal Unit/Postnatal Ward/TC for care beyond that which can be provided locally

The Neonatal Consultant is responsible for the timing and method of transfer e.g. parent car, SAS transfer or involving ScotSTAR/SSD if it is assessed that is the optimal choice

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



## 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

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

The Neonatal Consultant will decide the most appropriate transport mode; whether 999 ambulance or ScotSTAR. Thereafter ScotSTAR will agree type and mode of transfer based on the information provided/virtual review/distance/geography

999 ambulance transfer to the agreed NNU may be the optimal option if a baby is unexpectedly unstable/unwell depending on geography and level of urgency

For island units, or units distant from a NNU, a Neonatal ScotSTAR transfer may be more appropriate

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.

<b>Our local method of video review is:</b>	
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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 in the pathway NNU who will be contacted directly or by the Neonatal Registrar/ANNP in charge.
- 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. 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**.

#### 3. Baby to transfer in car seat: -

Only to be considered for very stable/well babies who are not at risk of deterioration. The baby could be moved by SAS vehicle or in parents' car e.g., *unstable hip on routine new-born exam in CMU and requiring further examination.*

### Considerations:

- Clinical problem
- Availability of appropriate NNU clinical staff to travel to CMU and provide timely & appropriate stabilisation (if part of an agreed local pathway)
- 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/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<sup>th</sup> 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<sup>th</sup> 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 21<sup>st</sup> December 2018



## Appendix 1:

Agreed CMU support pathway unit

ScotSTAR	Aberdeen	Ninewells	Raigmore
<ul style="list-style-type: none"><li>• Arran</li><li>• Barra</li><li>• Benbecula</li><li>• Campbeltown</li><li>• Dunoon</li><li>• Inverclyde</li><li>• Islay</li><li>• Jura</li><li>• Lochgilphead</li><li>• Oban</li><li>• Rothesay</li><li>• Stranraer</li><li>• Tiree</li><li>• Vale of Leven</li><li>• Western Isles</li><li>• Smaller west coast islands</li></ul>	<ul style="list-style-type: none"><li>• Elgin</li><li>• Inverurie</li><li>• Peterhead</li><li>• Orkney</li><li>• Shetland</li></ul>	<ul style="list-style-type: none"><li>• Arbroath</li><li>• Perth</li></ul>	<ul style="list-style-type: none"><li>• Fort William</li><li>• Skye</li><li>• Wick</li></ul>





**Appendix 2:**

**ACCESSING NON-URGENT NEONATAL SUPPORT**

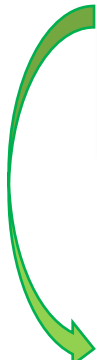
**STABLE NEWBORN INFANT**

**CONTACT:**  
PATHWAY NNU  
for  
SBAR Discussion

NEONATAL CONSULTANT  
RESPONSIBLE FOR  
OPTIMAL CHOICE OF  
TRANSFER (following  
discussion with local team)

**OPTIONS INCLUDE:**

- ScotSTAR
- SAS
- Car



**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

**ACCESSING URGENT NEONATAL SUPPORT**

**SICK OR UNSTABLE NEWBORN INFANT**

**CONTACT:**  
PATHWAY NNU or  
ScotSTAR  
(on 0333 399 0222)

NEONATAL CONSULTANT  
RESPONSIBLE FOR  
OPTIMAL CHOICE OF  
TRANSFER (following  
discussion with local team)

**OPTIONS INCLUDE:**

- ScotSTAR
- SAS (apply call script i.e. 'there is an immediate threat to life')