Policy Directive

NSW HEALTH

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Emergency Obstetric and Neonatal Referrals - Policy

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Clinical/ Patient Services - Baby and child
Clinical/ Patient Services - Critical care

Summary Details the appropriate communication path for facilitation of emergency obstetric and neonatal referrals.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Divisions of General Practice, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals

Distributed to Public Health System, Divisions of General Practice, NSW Ambulance Service, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres

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Director-General

Compliance with this policy directive is **mandatory**.

NSW HEALTH DEPARTMENT

CIRCULAR

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POLICY FOR EMERGENCY OBSTETRIC AND NEONATAL REFERRALS

This Circular supersedes Circular No 97/56.

The attached Policy is intended for display in Labour Wards and Nurseries. It details the appropriate communication path for facilitation of emergency obstetric and neonatal referrals.

The Policy provides guidelines which will simplify access to tertiary perinatal centres and specialist intensive care centres. The policy will assist in facilitating appropriate clinical decisions regarding transfer requests to neonatal intensive care units and ensure consultant advice is available for complex or difficult problems.

The Policy was prepared by the Neonatal and Paediatric Emergency Transport Service (NETS), in consultation with the Perinatal Services Network, intensive care units, high risk obstetric services and the Ambulance Service of NSW.

The guidelines for advice and transfer are:

- All maternity hospitals and other health care facilities which may deal with obstetric patients should have procedures in place for the coordination of emergency interhospital transfer of obstetric and newborn patients.
- Sources of advice concerning immediate care and timing of transfer, where necessary, are shown in the attached emergency referral policy of the NSW Perinatal Services Network. Advice is available to all clinical staff, including nurses, midwives and ambulance officers where there is no access to a local medical officer
- Where there are complications of pregnancy or labour (including preterm onset of labour), it is essential that the clinician responsible is aware of current information. This includes the infant's likely prospects for survival, options for care around labour and birth, care of the infant immediately after birth and the types of ongoing care that the baby might require. If the clinical problem is beyond the normal role of the local maternity hospital, the advice of obstetric and paediatric clinicians in a higher level facility should be sought. This advice should be discussed with the parents in deciding upon a plan of management.
- If an infant is not expected to survive and is born alive, a medical officer should immediately examine the infant and review the management plan in consultation with the parents.

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- Extremely premature babies may pose particular ethical and clinical difficulties. Hospitals should have policies to ensure that the most appropriate medical officer examines the baby and that specialist paediatric advice is obtained and discussed with the parents.

Colour, laminated copies of the chart are available from NETS.

Michael Reid
Director-General

Policy for Emergency Obstetric and Neonatal Referrals

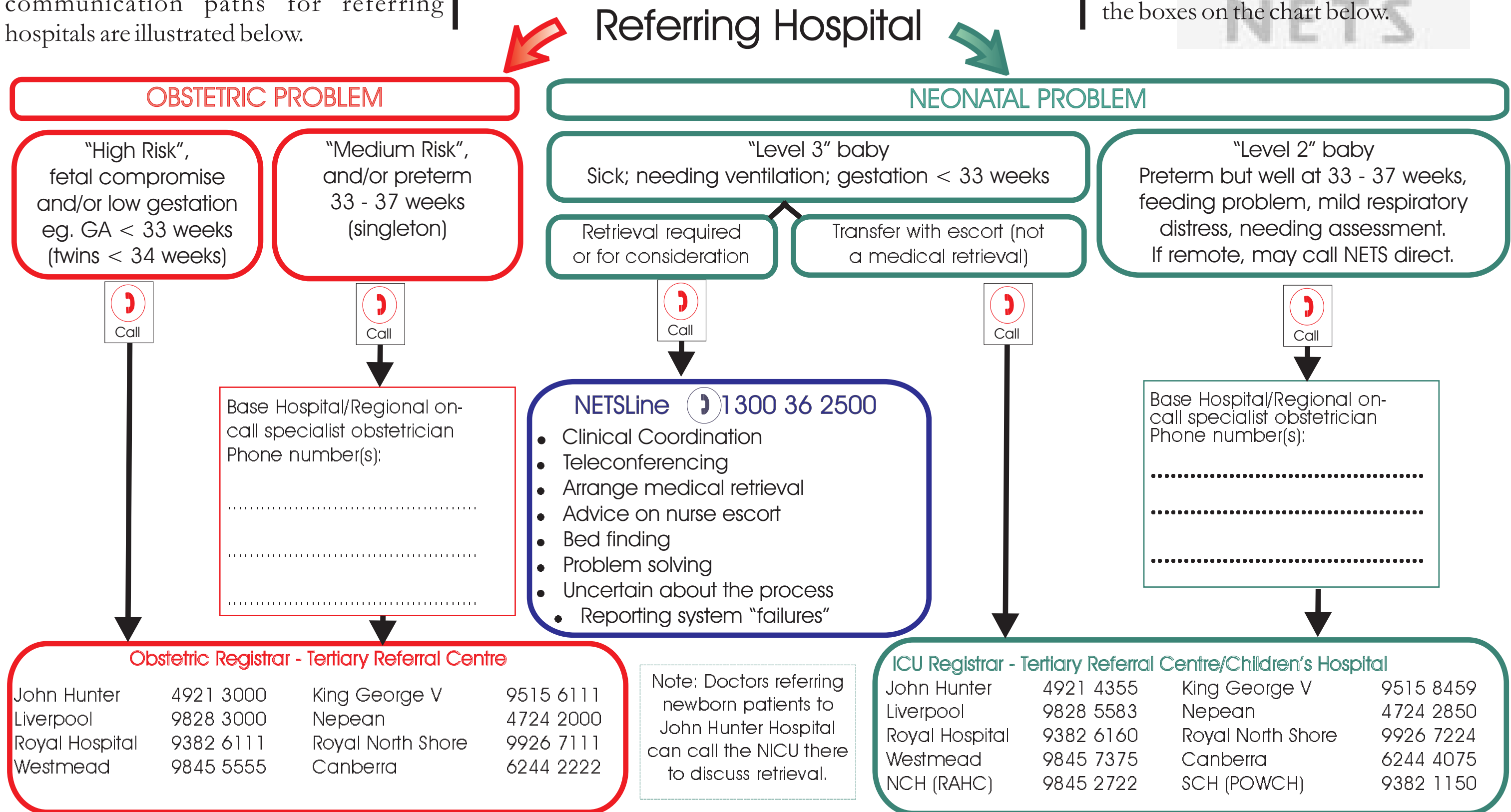
NSW HEALTH DEPARTMENT

Aim This policy aims to simplify access to Base Hospitals and tertiary perinatal centres and children's hospitals, to facilitate appropriate clinical decisions about transfer requests and ensure consultant advice is given for complex or difficult problems. Appropriate communication paths for referring hospitals are illustrated below.

Description Each Tertiary Perinatal Referral Centre has an **obstetric admitting officer** (with backup from a **consultant obstetrician**) and also a **neonatal ICU registrar** (with backup from a **consultant neonatologist**). There are neonatal ICU registrars at Children's Hospitals. Most Base Hospitals have specialist obstetricians and pædiatricians who can advise on increased risk problems. In addition, there is a **feto-maternal specialist** and a **NETS consultant** on call for the whole of the state, to solve difficult perinatal transfer problems.

Phoning Ideally, referring staff should expect to make only one phone call and for the 'system' to take responsibility for solving the problem.

The referring medical officer should contact the Base Hospital or regional centre for 'increased' risk problems (obstetric or neonatal) according to regional guidelines. The appropriate telephone numbers can be entered in the boxes on the chart below.



Procedure For high risk obstetric problems or a baby requiring intensive care, the preferred Tertiary Perinatal Referral Centre or Children's Hospital should be contacted. They will offer advice and, if transfer is required, arrange a bed; either in their hospital or an alternative suitable destination. The referring doctor should not have to 'ring around' for a bed. This is the responsibility of the first tertiary centre contacted. Their focus is on meeting the needs of the referring hospital; particularly assistance with optimal, early clinical management.

If a retrieval is contemplated, NETS should be called (**NETS Line 1300 36 2500**). Through this line, NETS can link multiple parties by telephone to discuss a clinical neonatal or obstetric problem. The patient's immediate treatment requirements are the highest priority. Full discussion with appropriately senior medical staff should occur. Then an appropriate clinical escort (retrieval team or other escort) will be selected and a vehicle tasked. Lastly, a bed will be located and confirmed.

If at any time clinical circumstances change after the initial call, another call should be made so that any changes in arrangements can be made without delay.

This wall chart was prepared by NETS, a member of the NSW PSN (Pregnancy and neonatal Services Network). It is intended for display in Labour Wards and Nurseries
Enquiries 1300 36 2500 www.nets.org.au

If a medical retrieval is planned, NETS will contact the NSW Ambulance Service to provide a suitable vehicle to transport the retrieval team to the patient.

If a 'one-way' transfer (with referring hospital and/or ambulance staff) is chosen, the referring hospital should make an ambulance booking through **13 1233 (road)** or **1300 36 5333 (air).** In any case, the referring hospital may be contacted by the Ambulance Service for additional demographic information about the patient.

Escorts The type of clinical escort required for the patient is determined by the patient's need for pre-transport assessment, stabilisation and/or in-transit care. Sick newborns are generally moved by a NETS team.

Transfer of a patient by local hospital staff should not be undertaken if there is a substantial risk of en-route deterioration. It is better to stay and wait for a retrieval team in the hospital setting with support by telephone (as required), than to attempt emergency patient care in a vehicle. If 'one-way' transfer of a patient is judged appropriate, the time a patient takes to reach the destination is usually determined by the time from 'decision to departure' than the time spent in-transit.

Obstetric patients often require a midwife escort. Road transfers use a referring hospital midwife. Air Ambulance flights always have a flight nurse - who is a midwife. Helicopters normally do not have a midwife and therefore are rarely used for obstetric transfers.

An obstetric patient with life-threatening complications may require an Adult Medical Retrieval Team (activated by calling the Adult Medical Retrieval Unit on **1800 65 0004**).

Vehicles Road ambulances, medical helicopters and fixed wing aircraft are available for medical retrieval. The selection of vehicle(s) follows the Department of Health's 'Guidelines for Mode of Transport Selection' which take distance, clinical urgency, patient condition, team and vehicle availability, access to referring and receiving hospitals and other factors into account.

In emergency obstetric transfers, road or fixed wing air ambulance is usually appropriate. Helicopters are not usually used for their time advantage over road or fixed wing aircraft. If delivery is considered imminent, it is better not to risk birth in the helicopter. Where a road journey is undesirably long or there is no available fixed wing aircraft, a helicopter may then be appropriate for obstetric transfers.

Problem solving NETS can assist any participant when the 'system' does not perform. This may be by providing information or by involving a consultant to assist. There are two state-wide consultants available - for difficult neonatal and feto-maternal problems respectively.

Tertiary hospitals may contact NETS if they have failed to obtain a bed in either their own hospital or a suitable alternative hospital for a patient referred to them.

Jan '99