UNIVERSITY HOSPITALS OF DERBY & BURTON NHS FOUNDATION TRUST - QUEEN'S HOSPITAL

FETAL ANOMALY

Babies with an antenatal diagnosis of cardiac or other congenital anomalies may deliver in QHB if an agreed postnatal management plan is in place. Babies with antenatally identified surgical conditions will be delivered in a unit with neonatal surgery facilities. Following input from a Paediatric Cardiologist, it may also be appropriate to deliver some antenatally detected cardiac problems in a cardiac or Network Perinatal Centre.

GESTATION LIMIT

In-Utero Transfer

Where possible, women in premature labour at less than 32^{+0} completed weeks gestation, or with an estimated birth weight of below 1,000 grams will be transferred to deliver in a Network Perinatal Centre or an appropriate Local Neonatal Unit where maternal condition allows.

Ex-Utero Transfer

If, for whatever reason, a baby below 32^{+0} completed weeks, or with a birth weight below 1000 grams is delivered at QHB the baby will be stabilised and assessed, and appropriate arrangements put into place following discussion with the Network Perinatal Centre.

Under 32 weeks gestation: Any baby less than 32^{+0} weeks gestation should normally be transferred to a Network Perinatal Centre or an appropriate Local Neonatal Unit. If there is doubt about the necessity for transfer (e.g., baby dying, baby stable and on the edge of the unit pathway threshold), there will be Consultant to Consultant discussion with the Network Perinatal Centre. Such exceptional cases which are treated outside of these guidelines will be monitored by the Network and Specialised Commissioners.

32 weeks gestation and above: Whether a baby of 32^{+0} weeks gestation, and above, should remain at QHB depends upon where the care needs falls within the following criteria:

CRITERIA FOR CARE AT QHB HOSPITAL

Complex Intensive Care: Babies requiring multi-organ intensive care should be discussed with the Service Consultant of the NICU for the South Hub and will need transfer to a Neonatal Perinatal Centre.

Ventilation: If a baby requires conventional ventilation at any point, the baby will be discussed with the Service Consultant for the NICU of the South Hub or the on-call consultant out of hours and may require transfer out to a Network Perinatal Centre or an appropriate Local Neonatal Unit.

HFOV, ECMO and Nitric Oxide: Babies who are likely to require HFOV, ECMO or Nitric Oxide will need to be transferred to a specialist centre and early consideration should be given to this.

CPAP: Babies requiring CPAP for longer than 12 hours or who are anticipated to do so will need to be transferred to a Network Perinatal Centre or an appropriate Local Neonatal Unit.

HFO2:	Babies requiring HFO2 for longer than 12 hours or who are anticipated to do so will need to be transferred to a Network Perinatal Centre or an appropriate Local Neonatal Unit
PN:	Babies requiring PN will need to be transferred to a Network Perinatal Centre or an appropriate Local Neonatal Unit. Where it is difficult to decide if an infant should receive PN then a discussion should take place with the Network Perinatal Centre for the South Hub.
Surgery:	Babies who require surgery or a surgical opinion will be transferred out to a neonatal surgical centre.
Cooling:	Newly born babies who require cooling for treatment of perinatal asphyxia will be transferred to a Network Perinatal Centre.
Suspected Cardiac/PDA Cases:	Where a possible cardiac problem is suspected, after discussion with the Cardiologist, the baby should be transferred to a cardiac centre as appropriate. Babies with PDA who require surgery must be discussed with the Perinatal Centre for the South Hub before discussion with the cardiologist, as per the agreed Network PDA pathway.

BABIES RETURNING TO QHB HOSPITAL

Babies may return to QHB when they are clinically well and safe for transfer. Babies may not return if they are still requiring CPAP, HFO2, PN or have on-going ventilation requirements with the exception of those requiring end of life care near to home.

ANTENATAL TRANSFERS INTO QHB HOSPITAL

Women in preterm labour at or above 32^{+0} completed weeks gestation, and with an estimated birth weight of greater than 1,000 grams, may be accepted into QHB for delivery.

REPATRIATION OF BABIES TO REFERRING UNIT

Discussion regarding repatriation must commence between QHB and the babies referring unit **as soon as** the baby meets the clinical pathway threshold for that referring unit. Arrangements for repatriation should be commenced as soon as the baby is stable for transfer.

Babies may be returned to the referring unit before they meet the gestational cut off if they no longer require a higher level of care, and if there has been a consultant-to-consultant discussion and agreement beforehand. In this instance the Network Management Team must be informed by way of an exception report, or email, giving the details of the case in order that it will not be extracted from Badger as an exception.

EXCEPTION REPORTING

The Network Management Team and Specialised Commissioners will expect reports on those babies that are identified from the BadgerNet database who breach the criteria detailed above.

Reports are also expected on those babies at or above 44 corrected weeks of gestation that remain on the neonatal unit.

ADVICE CALLS

All calls for clinical advice should go through the 365 the call handling service. Callers should specifically ask to speak directly to the service consultant of the NICU or out of hours the consultant on call for the Leicester Neonatal Service in order to seek advice. If a transfer is recommended following this call, then the call handlers will conference call the CenTre Transport Service. Details of all conversations should be documented in the baby's notes.