

SOUTH EASTERN TRUST

Woman & Acute Child Health Directorate

Downpatrick Midwifery Led Unit

Policy: Maternal Transfer

Title:	Maternal Transfer	Ratified by Relevant Executive Directors (Please list):	
Ownership:	South Eastern Trust	Status:	Current
Publication Date:	March 2010	Next Review:	March 2011
Author(s)	M Ritchie, Z Boreland, P Mc Conn, A Morgan and T Mc Dowell.		
Version No. V1 (insert date) and list any subsequent versions and dates	Evidence Base: Women and Children's Directorate POWYS Local Health Board.		

1.0 INTRODUCTION/PURPOSE OF POLICY

This policy provides direction for all health professionals involved in the care of women booked for Downpatrick Midwifery Led Unit (DMLU). This policy applies to the transfer of women where a risk factor has been identified which requires transfer of care to an obstetrician.

2.0 DEFINITIONS/SCOPE OF THE POLICY

This policy provides guidance to all midwifery staff involved in the transfer procedure to ensure appropriate and timely transfer of women it should be adhered to when maternal transfers are required.

3.0 ROLES/RESPONSIBILITIES

- 3.1 It is the responsibility of all midwifery staff working within the DMLU to be familiar with this policy.
- 3.2 The woman and her partner must be informed as soon as a risk factor has been identified and consultant obstetric care is required.

4.0 KEY POLICY PRINCIPLES

- 4.1 Refer to: - Appendix 1 - Indications for Antenatal Transfer.
Appendix 2 - Indications for Intrapartum / Postpartum Transfer.

4.2 PROCEEDURE FOR EMERGENCY TRANSFERS:

- Contact Ambulance Control and request an Ambulance give reason for transfer and location.
- Inform receiving Consultant Led Unit at UHD either DOU or labour ward depending on time of day, give reason for transfer, estimated time of arrival and support team that is required on arrival. Document where the patient is to be brought to on arrival at UHD and who the information of the transfer was given to. Record this information in the patient's maternity record.
- Record in patient's maternity records time of ambulance request, arrival on scene and departure from scene.
- A midwife must accompany the patient on transfer from DMLU to UHD.
- Take transport bags and any other equipment to accompany transfer as required.
- Keep the woman and her partner informed at all times of the need for transfer and the transfer procedure.
- On arrival at UHD hand over care to appropriate health professional. When handing over care document in notes to whom, where, date and time.
- An obstetric Registrar must assess the woman as soon as possible after transfer and a plan of action for ongoing care made.
- DMLU midwifery staff will return to base via SET taxi service which should be ordered before departure from DMLU.
- Complete IR1 form on arrival back at DMLU.
- Inform Supervisor of Midwives of any adverse outcomes or if additional support or advice is required.

5.0 IMPLEMENTATION OF POLICY

- 5.1 No additional qualifications are required to carry out this protocol. Midwives are required to make themselves aware of this policy and sign the related signing sheet that they have done so.

6.0 MONITORING

- 6.1 All transfers should be recorded in SET IR1 form, reviewed and actioned as appropriate by senior midwife responsible for risk management.
- 6.2 Complete transfer audit form and retain at DMLU for monthly review.

7.0 APPENDICES/ATTACHMENTS

- 7.1 Appendix 1&2.

EQUALITY STATEMENT

It is the responsibility of the author or group developing the policy to carryout an equality screening in line with the Trust's Equality requirements (assistance/guidance in undertaking this can be obtained from the Equality Officers). Once the equality screening has been completed and a decision reached in relation to whether an equality impact assessment is required, the policy can be signed by the relevant Executive Directors and subsequently issued.

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote Equality of Opportunity.

In line with the duty of equality this policy has been screened against particular criteria and as a result no major issues requiring further impact assessment have been identified.

This policy has also been considered and prepared with regard to the Trust's obligation under the Human Rights Act 1998. The Trust is satisfied that the policy complies with its obligations under the Act.

If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as conflicting with his/her rights, that party should bring these to the attention of the Director of Human Resources & Corporate Affairs or raise a complaint through the published complaints procedure.

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