

Ref: FOI/GS/ID 6540

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

12 October 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Maternity.

You asked:

1- Copy of the Trust's maternity policy

2- Any documents relating to the Trust's policy in transferring women during labour from the maternity unit at Maidstone to the labour unit at your Tunbridge wells hospital site. In particular the acceptable duration of time to allow a woman to be in the 'pushing' stage before making the call to transfer them.

3- Number of women transferred during labour from the maternity unit at Maidstone to the labour unit at Tunbridge wells in the last calendar year (January 2020-December 2020) can this please be broken down by month.

4- Number of complaints against the midwifery team at the Maidstone birthing unit in the last calendar year (January 2020- December 2020) can this please be broken down by month and theme.

5- Number of claims against the midwifery team at the Maidstone birthing unit in the last calendar year (January 2020-December 2020) can this please be broken down by month and how much was paid out.

Trust response:

1. The Trust does not have a single maternity policy
2. Please see the guidance which is included in appendix 1
3. Transfers in Labour 2020

January	6	July	10
February	8	August	9
March	6	September	6
April	5	October	8
May	14	November	7
June	8	December	8

4. There was one complaint in September 2020 around communication in regards to booking place of birth
5. There were no claims in 2020.

Appendix 1:

Clinical Guideline

Maternal Transfer

Summary

Part A

In utero transfer from birth centres, home, community settings and between hospital settings

Part B

Postnatal transfers from birth centre, home, community settings or emergency department (including transfer of mother due to neonatal transfer)

Document detail		
Author/s:	Birth Centre Managers Matrons	
Owner:	Divisional Director of Midwifery, Nursing and Quality	
Scope:	Maternity multidisciplinary team	
Directorate:	Women's	
Specialty:	Maternity	
Approved by, date:	Maternity Guideline Group,	
Ratified by, date:	Clinical Risk Management Group, 15/10/2019	
Superseded documents:	Maternal transfer (2011) version 4.0	
Document location:	Trust Intranet, Policies and Guidelines, Women and Children's Database	
Effective from:	20 th November 2019	
Review date:	October 2023	
Key search words:	SBAR	Community
	Birth centre	In utero
	Postnatal	Homebirth
Relevant external law, regulation, standards	To comply with national recommendations for best practice including: <ul style="list-style-type: none"> • NICE • RCOG • RCM 	

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV5.2

Maternal Transfer

Contents

Index	Section
	A. Flow chart re emergency transfer in / out of hospital setting B. Maternity SBAR Communication Checklist C. Ambulance Transfer
1.0	Introduction
2.0	Definitions / glossary
3.0	Staff group responsibilities
4.0	Training / competency requirements
5.0	Procedure for maternal transfer
5.1	PART A Antenatal and in-utero transfers between hospital settings
5.1.1	In-utero transfer to another obstetric unit
5.1.2	In-utero transfer from birth centres or homebirth to main obstetric unit
5.2	PART B Postnatal Transfers from birth centre, home, community settings or emergency department (including transfer of mother due to neonatal transfer)
5.2.1	Postnatal transfers for women who require admission to another unit
5.2.2	Postnatal transfers within Tunbridge Wells Hospital to MECU / ITU
5.2.3	Emergency Postnatal transfer from birth centres or community settings to Tunbridge Wells Hospital - postpartum obstetric indications for emergency transfer
5.2.4	Emergency Postnatal Transfer from birth centres or community settings to TWH - In the case of maternal collapse in a postnatal woman or with a non-maternity related problem
5.2.5	Postnatal transfers for women who require admission to another unit to be with their baby
Appendices	
1	Cross references (external) Associated documents (internal) Version control
2	1.0 Process requirements 2.0 Consultation 3.0 Equality Impact Assessment 4.0 Archiving 5.0 Review
3	SBAR Transfer Form

A. Flow chart re emergency transfer in/out of hospital setting

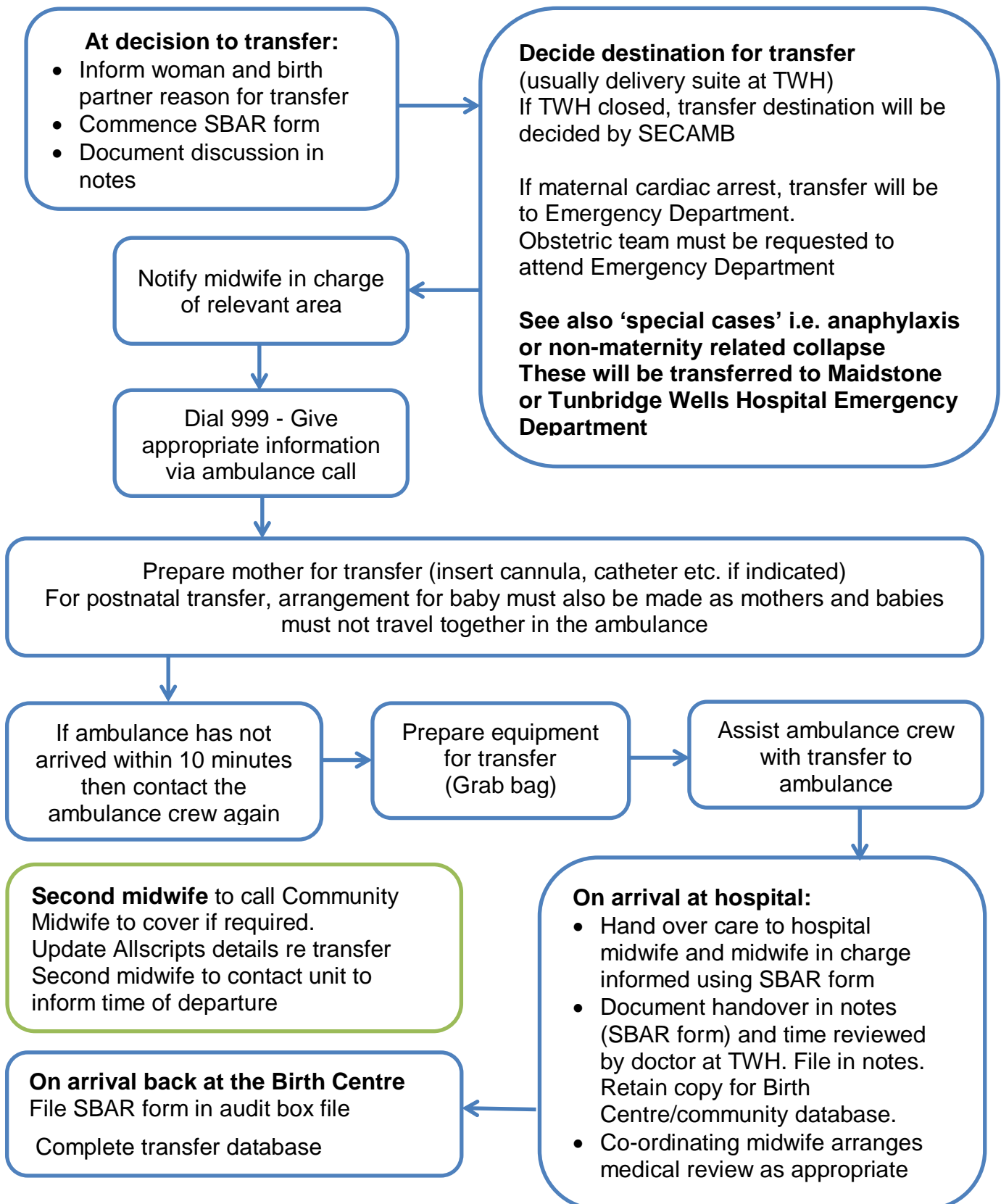


CHART B: Maternity SBAR Communication Checklist

S – Situation	Date and Time Location of patient Patient demographics
B – Background	Parity Gestation High or Low risk Previous/current medical and social history Obstetric history
A – Assessment	Maternal Observations: T/P/RR/BP Palpation Contractions Latest EPV Fetal Heart Rate
R – Recommendation	Reason for Transfer Plan

Any verbal or written handover of care should be made using the SBAR tool to provide optimum communication and subsequent care planning

Chart C: SEACAmb Maternity Card

NHS
South East Coast
Ambulance Service
NHS Foundation Trust



MAMA 
Academy

Helping Babies Arrive Safely

Registered Charity No: 1153325

FOR MIDWIVES REQUESTING
**TIME CRITICAL
ASSISTANCE**

AT A HOMEBIRTH / BIRTHING CENTRE

LEVEL 1 RESPONSE



WHAT YOU MUST PROVIDE

The **address and phone number** where you are calling from.

“

SAY

**I am a midwife (or representative)
requesting ambulance assistance**

”

CONDITIONS REQUIRING TRANSFER FOR:

Moderate/Significant APH/PPH/Retained Placenta
FH Rate Abnormalities including bradycardia, tachycardia

Meconium

Maternal Compromise/Newborn Compromise

You will be asked:

'Is the patient conscious and breathing?'

'What is the reason for the call?'

How was this card for you? Please email contact@mamaacademy.org.uk with your feedback

Card produced by the stillbirth prevention charity www.mamaacademy.org.uk

© SECAmb 2019



FOR MIDWIVES REQUESTING
**EMERGENCY
ASSISTANCE**

AT A HOMEBIRTH / BIRTHING CENTRE



LEVEL 2 RESPONSE

WHAT YOU MUST PROVIDE

The **address and phone number** where you are calling from.

“

SAY

**I am a midwife (or representative)
requesting ambulance assistance**

”

CONDITIONS REQUIRING TRANSFER FOR:

Delay in labour/Pain relief/
Perineal suturing (no bleeding)

You will be asked:

‘Is the patient conscious and breathing?’

‘What is the reason for the call?’

How was this card for you? Please email contact@mamaacademy.org.uk with your feedback

Card produced by the stillbirth prevention charity www.mamaacademy.org.uk

1.0 Introduction

Maidstone and Tunbridge Wells Trust recognises that there may be occasions where, for the health and safety of mother and baby, transfer in to hospital from the birth centres, community setting or hospital antenatal services, or transfer to an alternative acute unit would be appropriate.

An effective working relationship between the multidisciplinary team, clear organisational structure for all staff with detailed and transparent lines of communication is essential to ensure optimum care for women and their babies during transfer.

There should also be local arrangements with ambulance services to ensure a timely transfer with appropriate personnel.

2.0 Definitions / glossary

Term	Definition
ED	Emergency Department
ICU	Intensive Care unit (at TWH)
Maternal Transfer	Includes the movement of women from one clinical area to another (i.e. MECU / ICU) or from home, birth centres, MDU, ED, community setting, or from another maternity unit to a maternity unit either as a result of changing clinical priorities or for treatment in the antenatal, intrapartum and or postnatal periods
MDU	Midwifery Day Unit
MECU	Maternity Advanced Care Unit (on Delivery Suite)
MTW	Maidstone and Tunbridge Wells NHS Trust
NNU	Neonatal Unit
SBAR	Situation, Background, Assessment and Recommendation tool used for effective verbal and written handover of care
TWH	Tunbridge Wells Hospital at Pembury

3.0 Staff group responsibility

Person / group	Responsibility
All staff in multidisciplinary maternity team	<ul style="list-style-type: none"> It is the staff member's responsibility to deliver care that is based on current evidence, always acting in the patient's best interest

4.0 Training / competency requirements

No further training is required to implement this guideline.

5.0 Procedure for maternal transfer

All transfers must be clinically assessed and documented using maternal transfer forms.

Before transfer ensure:

- There is robust plan documenting reason for transfer, known risk factors and a plan of care by a senior member of staff or consultant, if transferring out of the main unit for any reason
- Medical staff to ensure detailed letter re antenatal and intrapartum care, any problems and plan of care is written to the receiving medical staff prior to transfer.
- All communication between transferring unit and receiving unit is documented in full. Use SBAR tool.
- The woman and her family are fully informed and their questions answered.
- Consent has been taken and documented in the notes.
- Liaison with neonatal unit and the consultant neonatologist when appropriate.
- For transfers to another trust, health records should be photocopied and the copy sent with the woman. The original records should be kept safe at the transferring site.
- Inform midwifery liaison of any transfer to another Trust so that they can communicate with the community team and the named midwife.
- Consider whether an incident should be reported on Datix, especially if staffing levels are compromised or there is a significant delay with the transfer. In these situations, inform the maternity manager on call.
- There are some scenarios both in community clinics and the birth centres where a woman requires obstetric review but may not require an ambulance transfer. The safest mode of transport will be decided based on a sound clinical assessment of the woman and the fetus and in conjunction with the women's wishes.
- All women in established labour should be transferred by ambulance either by level 1 or 2 responses.
- There are also some situations that require an ambulance transfer where the woman is not in established labour, see section 5.1

5.1 PART A: IN-UTERO TRANSFER

NOTE: All emergency transfers MUST be transported by ambulance with a midwife as escort and received on delivery suite (under no circumstances should a private vehicle be used)

5.1.1 In-utero transfer to another obstetric unit		
Responsible Person	Responsibility	Action
Consultant on call or most senior medical practitioner	<ul style="list-style-type: none"> Makes decision that transfer is required 	<ul style="list-style-type: none"> Ensure junior obstetrician is allocated to arrange transfer to another unit
Junior obstetrician	<ul style="list-style-type: none"> Identifies receiving unit with suitable facilities and capacity 	<ul style="list-style-type: none"> Liaise with obstetric / midwifery / neonatal staff regarding accepting / declining transfer Once availability is confirmed, ensure the most senior obstetric member of staff liaises with the referring unit (registrar to registrar)
Senior midwife	<ul style="list-style-type: none"> Delivery suite co-ordinator should take any calls regarding request for transfer into or out from MTW If requested to accept transfer from another trust, ensure that the referring unit has contacted the NNU and that their medical and nursing staff has agreed to the transfer For transfers to another site, ensure that the escorting member of staff has a clear understanding of their responsibilities throughout the transfer and has collected relevant equipment and has the contact numbers for the unit should they not be transferred back by ambulance 	<ul style="list-style-type: none"> Ensure completion of transfer documentation defining personnel involved and outcome of decisions Call ambulance control by dialling 9999 Refer to flow chart for ambulance category request Complete transfer form and ensure documentation in case notes is up to date and, where possible, document all outstanding test results Details of the woman being transferred and the escorting member of staff will be recorded on the white board on delivery suite until the member of staff has returned and, if appropriate, the women's details will be displayed to prompt any follow up required
Transferring midwife	<ul style="list-style-type: none"> For antenatal transfers, the midwife will record and document the fetal 	<ul style="list-style-type: none"> The transferring midwife is the lead clinician in the ambulance and should have confidence to challenge

5.1.1 In-utero transfer to another obstetric unit

Responsible Person	Responsibility	Action
	<p>heart prior to transfer but NOT during the journey.</p> <ul style="list-style-type: none"> If, at any stage throughout the transfer, the midwife feels that the woman's condition warrants immediate obstetric opinion, ambulance control must be contacted and asked to inform the nearest obstetric unit that they will be diverting to them (this may not be the identified receiving unit) 	<p>ambulance crew clinical decisions if required; however, collaborative working is essential as ambulance crew may have different areas of expertise.</p> <ul style="list-style-type: none"> The midwife should also contact own unit to inform the co-ordinator of safe arrival Observations and documentation should be maintained throughout the transfer as appropriate The transferring midwife will give detailed handover of care to the midwife accepting care at the receiving unit A copy of the SBAR handover form should be brought back to the unit and securely attached to the notes The transferring midwife should be aware to contact the coordinating midwife in order to organise her return if unable to travel back by ambulance

5.1.2 Emergency transfer from birth centres, antenatal appointment or homebirth to main obstetric unit

Responsible Person	Responsibility	Action
Birth centre midwife or midwife attending home birth or midwife providing antenatal appointment	<ul style="list-style-type: none"> • Inform the senior midwife at the birth centre/midwife in charge of the necessity to transfer into the unit • Inform delivery suite co-ordinator of transfer • For antenatal transfers, the midwife will record and document the fetal heart prior to transfer but NOT during the journey. • If, at any stage throughout the transfer the escorting midwife feels that the women's condition warrants immediate obstetric opinion, ambulance control must be contacted and asked to inform the nearest obstetric unit that they will be diverting to them (this may not be the identified receiving unit) • Any woman who is in established labour and requires transfer to the obstetric unit must be transferred by ambulance. • If not in labour, an ambulance transfer to the obstetric unit would be triggered by the following; <ul style="list-style-type: none"> ○ Significant meconium ○ FH abnormality/unable to hear FH ○ APH ○ Cord prolapse ○ Hypertension and symptomatic (BP of Systolic ≥ 160 or \geq Diastolic 110mmhg on 2 separate occasions, this is a medical emergency regardless of symptoms and 	<ul style="list-style-type: none"> • Call ambulance control by dialling 9999 • Refer to flowchart for ambulance category request • Complete transfer form and ensure documentation in case notes is up to date and, where possible, document all outstanding test results • The transferring midwife is the lead clinician in the ambulance and should have confidence to challenge ambulance crew clinical decisions if required; however, collaborative working is essential as ambulance crew may have different areas of expertise. • The midwife should also contact their own unit to inform the co-ordinator of their safe arrival • Observations and documentation should be maintained throughout the transfer as appropriate • Ensure all in utero transfers are received on the delivery suite at TWH • The transferring midwife will give detailed handover of care to the midwife accepting care at the receiving unit • A copy of the SBAR handover form should be securely attached to the notes

5.1.2 Emergency transfer from birth centres, antenatal appointment or homebirth to main obstetric unit		
Responsible Person	Responsibility	Action
	therefore will warrant transfer in by ambulance)	

5.1.2 Non-Emergency transfers from birth centres, antenatal appointment or homebirth to main obstetric unit (not established labour)		
Responsible Person	Responsibility	Action
Birth centre midwife or Community Midwife	<ul style="list-style-type: none"> • Examples of transfers by car, including but not exhaustive to: • Hypertension, no proteinuria and otherwise asymptomatic (BP of Systolic ≤ 160 or \leq Diastolic 110mmhg on 2 separate occasions) <u>Therefore any reading below this threshold can travel in their own transport</u> • Insignificant meconium, no other risk factors • Unstable lie/malpresentation and not in established labour • Requiring additional pain relief and not in established labour • If the woman is distressed or does not feel happy to use her own transport, an ambulance should be called. 	<ul style="list-style-type: none"> • Discuss with woman need for review • Call DS/Triage TWH, inform senior midwife of need for review and that the woman is making her way in using SBAR verbal handover. • Woman to be given clear instructions, to go straight to TWH, not to go anywhere else on route. • Give woman directions to the hospital and clear instructions to go to level 2 W&C's (Triage/Delivery suite). • In the unlikely event of an issue on route, woman advised to call BC, midwife to arrange ambulance if required, and to send a community midwife to assist. • Senior midwife of receiving ward to contact midwife at BC to confirm woman has arrived (close loop).

5.2 Part B

Postnatal Transfers from Birth Centre, Home, Community Settings or Emergency Department

If postnatal women require care which cannot be provided within the Trust, arrangements must be made to transfer to a specialist unit. This decision is taken at Consultant level and may be done in consultation with other specialities such as Anaesthetics and Medicine.

Ideally baby should be discharged and cared for at home by the family. If this is not possible immediately the baby should be admitted to Neonatal Unit for security reasons.

Note: All emergency transfers MUST be transported by ambulance with a midwife as escort and received on delivery suite (under no circumstances should a private vehicle be used).

5.2.1 Postnatal transfers for women who require admission to another unit where there is maternal need for specialist care in another unit (Baby, if well, is discharged home with family)		
Responsible Person	Responsibility	Action
Consultant on call or most senior medical practitioner	<ul style="list-style-type: none"> Makes decision that transfer is required 	<ul style="list-style-type: none"> Ensure junior obstetrician is allocated to arrange transfer to another unit
Medical staff	<ul style="list-style-type: none"> Identifies receiving unit with suitable facilities and capacity 	<ul style="list-style-type: none"> Liaise with obstetric registrar at accepting unit to relay any medical problems Ensure detailed letter re antenatal and intrapartum care, any problems and plan of care is written prior to transfer
Senior midwife	<ul style="list-style-type: none"> For transfers to another site, ensure that the escorting member of staff has a clear understanding of their responsibilities throughout the transfer and has collected relevant equipment and has the contact numbers for the unit should they not be transferred back by ambulance 	<ul style="list-style-type: none"> Call ambulance control by calling 9999 Photocopy of all relevant notes should accompany the woman Any outstanding investigations must be documented in notes with a contact number of the present postnatal ward Ensure family have information re directions to hospital and also ward name and contact phone number Liaise with community liaison office to ensure community midwife is aware of transfer

5.2.1 Postnatal transfers for women who require admission to another unit where there is maternal need for specialist care in another unit

(Baby, if well, is discharged home with family)

Responsible Person	Responsibility	Action
Transferring midwife	<ul style="list-style-type: none"> If, at any stage throughout the transfer, the midwife feels that the woman's condition warrants immediate obstetric opinion, ambulance control must be contacted and asked to inform the nearest obstetric unit that they will be diverting to them (this may not be the identified receiving unit) 	<ul style="list-style-type: none"> The transferring midwife is the lead clinician in the ambulance and should have confidence to challenge ambulance crew clinical decisions if required; however, collaborative working is essential as ambulance crew may have different areas of expertise The midwife should also contact own unit to inform the co-ordinator of safe arrival Observations and documentation should be maintained throughout the transfer as appropriate The transferring midwife will give detailed handover of care to the midwife accepting care at the receiving unit A copy of the SBAR handover form should be brought back to the unit and securely attached to the notes The transferring midwife should be aware to contact the coordinating midwife in order to organise her return if unable to travel back by ambulance

5.2.2 Postnatal transfers within TWH to MECU / ITU

MECU facilities are available on Delivery Suite at TWH

ITU facilities are available on Level -1 (Purple Zone) at TWH

Responsible Person	Responsibility	Action
Consultant on call or most senior medical practitioner	<ul style="list-style-type: none"> Decision made at consultant level with input from anaesthetic staff 	
Obstetric anaesthetist on call for ITU	<ul style="list-style-type: none"> Attend delivery suite, as appropriate and upon request, to review any woman likely to require ITU facilities 	
Medical responsibilities	<ul style="list-style-type: none"> Identifies receiving department with suitable facilities and capacity 	<ul style="list-style-type: none"> If a postnatal woman requires high dependency or intensive care, arrangements must be made to transfer to the appropriate clinical area
Midwife responsibilities	<ul style="list-style-type: none"> Ensure midwifery input continues – including care of baby, with mother if possible or on PNU / NNU if necessary 	<ul style="list-style-type: none"> Observations and documentation should be maintained throughout the transfer as appropriate The transferring midwife will give detailed handover of care to the midwife / nurse accepting care at the receiving unit Ensure family have information re reason for transfer, ward name and contact phone number

5.2.3 Emergency postnatal transfer from birth centres or community settings to TWH

Postpartum obstetric indications for emergency transfer of women from Birth Centres or Community Settings to Obstetric Unit by ambulance accompanied by a midwife and received on delivery suite.

Responsible Person	Responsibility	Action
Birth centre midwife or midwife attending home birth	<ul style="list-style-type: none"> • Arrange urgent transfer to emergency or obstetric unit department • Ensure woman is ready for transfer. In the event of haemorrhage or maternal collapse, emergency procedures should be followed 	<p>Call the ambulance control (SECAmb) 9999</p> <p><u>From Crowborough Birth Centre</u></p> <ul style="list-style-type: none"> - to TWH Emergency Department or TWH Delivery Suite <p><u>From Maidstone Birth Centre</u></p> <ul style="list-style-type: none"> - to Maidstone Hospital Emergency Department or TWH Delivery Suite • Midwife should state that there is an immediate threat to life and a Category 1 response is required • Women should have accurate identity bands and, where appropriate, clear identification of any allergies in place prior to transfer and documented in the notes • In the birth centre, the midwife escort must take the emergency “grab bag”, emergency drugs and mobile phone on transfer • Complete SBAR transfer form • During the transfer, the midwife is the lead professional and must accompany the woman • If condition of woman changes en route, the midwife may request that delivery suite / emergency department be informed via ambulance control • For reasons of personal safety, if the woman’s

5.2.3 Emergency postnatal transfer from birth centres or community settings to TWH

Postpartum obstetric indications for emergency transfer of women from Birth Centres or Community Settings to Obstetric Unit by ambulance accompanied by a midwife and received on delivery suite.

Responsible Person	Responsibility	Action
		clinical condition warrants intervention, the midwife should ask the ambulance crew to stop before carrying out procedures
The birth centre or community midwifery staff	<ul style="list-style-type: none"> • Ensure that the woman's care is transferred to the relevant site • Ensure family have information re reason for transfer, ward name and contact phone number 	<ul style="list-style-type: none"> • Inform the consultant-led unit that the ambulance has left • Complete PAS transfer (not discharge) on electronic systems to allow seamless transfer of care to TWH • Additional escorts (e.g. birth partner) will usually make their own way to the receiving hospital • Mothers and babies should never travel in the same ambulance • Well babies should be transferred with the birth partner in the appropriate car seat as a non-emergency
Medical, midwifery or nursing team at receiving obstetric or emergency site	<ul style="list-style-type: none"> • Ensure receiving team ready for anticipated transfer 	<ul style="list-style-type: none"> • All women transferred as an emergency by ambulance should be received by the senior team where appropriate

5.2.4 Emergency postnatal transfer from birth centres or community settings to TWH

In the case of maternal collapse in a postnatal woman or with a non-maternity related problem (such as anaphylaxis)

Responsible Person	Responsibility	Action
Birth centre midwife or midwife attending home birth	<ul style="list-style-type: none"> • Arrange urgent transfer to nearest Emergency Department • In the event of any maternal collapse, emergency procedures should be followed • Ensure woman is ready for transfer • Hand over care to receiving department 	<p>Call the ambulance control (SECAMB) 9999</p> <p><u>From Crowborough Birth Centre</u></p> <ul style="list-style-type: none"> - to TWH Emergency Department <p><u>From Maidstone Birth Centre</u></p> <ul style="list-style-type: none"> - to Maidstone Hospital Emergency Department <p><u>From any other Community setting</u></p> <ul style="list-style-type: none"> - to nearest Emergency Department • Midwife should state that there is an immediate threat to life and a Category 1 response is required • Women should have accurate identity bands and, where appropriate, clear identification of any allergies in place prior to transfer and documented in the notes • Complete SBAR transfer form
The birth centre or community midwifery staff	<ul style="list-style-type: none"> • Ensure that the woman's care is transferred to the relevant site • Ensure family have information re reason for transfer, ward name and contact phone number 	<ul style="list-style-type: none"> • Complete PAS transfer (not discharge) on electronic systems to allow seamless transfer of care to receiving site • Additional escorts (e.g. birth partner) will usually make their own way to the receiving hospital. Mothers and babies should never travel in same ambulance • Well babies should be transferred with the birth partner in the appropriate car seat as a non-emergency

5.2.5 Postnatal transfers for women who require admission to another unit to be with their baby

If the woman is well she should be discharged with appropriate records for transfer of postnatal care to community or to the maternity unit where baby has been transferred

Responsible Person	Responsibility	Action
Medical staff	<ul style="list-style-type: none"> If not fit for discharge to community care, arrange transfer to maternity unit to which baby has been transferred 	<ul style="list-style-type: none"> Obstetric team to liaise with obstetric registrar at accepting unit to relay any medical problems Ensure detailed letter re antenatal and intrapartum care, any problems and plan of care is written prior to transfer
Senior midwife	<ul style="list-style-type: none"> The shift co-ordinator must establish availability of a bed in the unit that has accepted the baby Ensure ongoing postnatal care, at receiving trust and / or by community team Ensure family have information re directions to hospital and also ward name and contact phone number 	<ul style="list-style-type: none"> Ambulance control contacted, 9999, and ambulance requested if ambulance transfer required Photocopy of all relevant notes should accompany the woman Outstanding investigations must be documented in notes with a contact number of the present postnatal ward If delivery was normal with no problems the handover letter can be written by midwifery staff Liaise with community liaison office to ensure community midwife is aware of transfer

APPENDIX 1

Document history	
Cross references (external):	<ol style="list-style-type: none"> 1. Association of Anaesthetists of Great Britain and Ireland. (2009) <i>Safety Guideline. Interhospital Transfer</i>. Available at: www.aagbi.org 2. Department of Health. 'Emergency Care Checklists'. DH website page. London: Department of Health. Available at: www.dh.gov.uk 3. Royal College of Nursing, (2008). <i>Improving the Safe Transfer of Care. A quality Improvement Initiative. Final Report</i>. Available at: www.rcn.org.uk
Associated documents (internal)	<ul style="list-style-type: none"> • Admission and Transfer (Internal) to and from the Neonatal Unit guideline • Care of Women in Labour including Clinical Risk Assessment in Labour guideline • Maternity Critical Care guideline • Operational Policy for Maternity Services at Crowborough and Maidstone Birth Centres • Patient Transfer Policy and Procedure • Record Keeping and the Management of Maternity Records guideline

Version Control:		
Issue:	Description of changes:	Date:
1.0	New Document, which supersedes: <ol style="list-style-type: none"> 1. Transfer of Women – In utero. (2005) 2. Transfer of Women – From Home to Hospital (Intrapartum). (2006) 3. Transfer of women in the postnatal period to other Units (2007) 	November 2009
2.0	Small additional amendment to pages 10 & 11 re use of ambulance by Community Midwives	May 2010
3.0	Updated to reflect service configuration changes	October 2011
4.0	Review and update of guideline, including additions for Crowborough Birth Centre	December 2015 – March 2016
5.0	Review and update of guideline	October 2019
5.1	Amendments to include: <ol style="list-style-type: none"> 1. Additional section to provide clarity for transfers from the BCs during latent phase or from antenatal appointments 2. Changes to the process for calling SECamb 3. Transfer form amended for clarity 	July-October 2020
5.2	Amended for clarity in process and to link a new SBAR form for use. The new card published by SECamb included in body of the text	January 2021

APPENDIX 2

Process requirements

1.0 Monitoring and audit
<p>Monitoring and audit of this guideline will be identified with issues raised via Clinical Risk/Clinical Governance.</p> <ul style="list-style-type: none"> • All incidents involving maternal transfers will be investigated to ensure that the policy has been followed • Any issues identified through investigations will be reported to Maternity Forum and Clinical Risk Management Group
2.0 Consultation
<p>Has this document undergone a minimum of two weeks consultation with all key stakeholders? Yes</p> <p>Note: See Quality Assurance checklist for this guideline</p>
3.0 Equality impact assessment
<p>Has an equality impact assessment has been completed? Yes</p> <p>Have all equality issues been satisfactorily completed to avoid inequality? Yes</p> <p>Note: See Quality Assurance Document for this guideline</p>
4.0 Archiving
<p>This clinical guideline and all its appendices will be reviewed as a minimum of once every 4 years.</p> <p>If, before the document reaches its review date, changes in legislation or practice occurs, which require material changes to be made, a full review, approval and ratification must be undertaken.</p> <p>If non-material changes are required to the clinical guideline between reviews, these do not require consultation and further approval and ratification.</p>
5.0 Review
<p>The Trust approved document management database on the intranet, under “Policies & guidelines”, retains all superseded files in an archive directory in order to maintain document history.</p>

FURTHER APPENDICES

The following appendices are published as related links to the main Clinical Guidance on the Trust approved document management database on the intranet, under 'Policies & guidelines':

No.	Title	Unique ID	Title and unique id of policy or guideline that the appendix is primarily linked to
3	SBAR Form Maternal Transfer	RWF-WC-OPG-MAT-CG208	This Guideline

SBAR ANTENATAL OR INTRAPARTUM TRANSFER FORM

SITUATION	
Date: Transferred from: Destination:	Woman's demographic details / sticker:
Midwife who made decision:	Transfer accepted by:
Time Ambulance called: Response Level Requested: Response Level Received: Repeat Calls: Ref. Code:	Time Ambulance arrived: Time of Departure: Time of Arrival at Destination:
BACKGROUND	
Gravida: Parity: Gestation: EDD: Low / High Risk (circle)	Previous+Current Medical / Obstetric / Social history: Labour History:
ASSESSMENT	
Clinical Situation: *<u>Ensure wristband in situ</u>*	
Analgesia/Medication:	None / Entonox / SWI / Hydrotherapy / Aromatherapy (circle) Oramorph: Given at: Paracetamol: Given at:
Fluids:	Hartmann's 1000ml: started at:
Bloods Taken:	FBC / G&S / U&Es/LFTs/Coagulation Screen Taken at:

Other Investigations:	Covid-19 swab / MSU / HVS / PCR Taken at:
Urine:	Last voided at: Amount: Catheter: Yes / No Type: Indwelling / Jacques Residual Volume:
Maternal Temp: Pulse: BP: Urinalysis	
Fetal Heart Rate:	
Abdominal Palpation	
Contractions	
Most recent findings on V/E	
Date: Time:	
RECOMMENDATION	
REASON FOR TRANSFER:	
Transferring staff:	Hand Over To:
Name:	Name:
Signature:	Signature:
Designation:	Designation:

SBAR POSTNATAL TRANSFER FORM

SITUATION	
Date: Transferred from: Destination:	Woman's demographic details / sticker:
Midwife who made decision:	Transfer accepted by:
Time Ambulance called: Response Level Requested: Response Level Received: Repeat Calls: Ref. Code:	Time Ambulance arrived: Time of Departure: Time of Arrival at Destination:
BACKGROUND	
Parity: Gestation: Low / High Risk (circle)	Previous+Current Medical / Obstetric / Social history: Birth History Birth: Time of 3 rd Stage: EBL:
ASSESSMENT	
Clinical Situation: *Ensure wristband in situ*	
Analgesia/Medication:	None / Entonox / SWI / Hydrotherapy / Aromatherapy (circle)

Fluids:	Oramorph: Given at: Paracetamol: Given at: Syntometrine: Given at: *Complete pro-forma if PPH*
Bloods Taken:	Hartmann's 1000ml: Started at: FBC / G&S / U&Es / LFTs / Coagulation Screen Taken At:
Other Investigations:	Covid-19 swab / MSU / HVS / PCR Taken At:
Urine:	Last voided at: Amount: Catheter: Yes / No Type: Indwelling / Jacques Residual Volume:
Perineum: Intact / 1 st tear / 2 nd tear / 3 rd tear / labial laceration / episiotomy (circle)	
Baby: FI / MI Apgars: /1 /5 Resuscitation: Yes / No *If Yes remember to complete pro-forma* Feeding: Breast / Bottle Any Feeding Difficulties? Yes / No (circle) Observations Required: No / PROM / GBS / Meconium / Other	
RECOMMENDATION	
REASON FOR TRANSFER:	
Transferring staff: Name: Signature: Designation:	Hand Over To: Name: Signature: Designation: