

Maternity Patients – Escalation to Tertiary Level Care

GUIDELINES FOR THE MANAGEMENT OF URGENT OR EMERGENCY MATERNITY AND NEONATAL PATIENTS REQUIRING TRANSFER TO LAUNCESTON GENERAL HOSPITAL OR ROYAL HOBART HOSPITAL FOR HIGHER LEVEL CARE

Advisory Notice 5/2020

Revised June 2021

- ❖ **Level 4 private maternity services** are provided in line with the [Tasmanian Role Delineation Framework](#). **Consultant to Consultant referral** must be undertaken prior to transfers for safe management of high-risk maternity patients.
- ❖ **Transport of any patient carries a risk**, and risks of transfer out versus the risk of local management must always be carefully considered. A planned approach prior to transfer will minimise risks of adverse events. All maternity patients must be adequately prepared and stabilised prior to arrival of the transport team.
- ❖ **The chain of responsibility** must be clear throughout the transfer. Formal handover using **ISOBAR / ISBAR** from the referring hospital to transport team, and from transport team to receiving hospital is essential for provision of safe, high-quality ongoing care.
- ❖ **The transfer of neonates** between hospitals should be the outcome of discussion between sending and receiving consultants arriving at a mutually acceptable decision re best location, timing, and method of transfer.

1. **SOUTH - MATERNITY SERVICES - Level 4**

All south-based private obstetricians must have admitting rights at RHH and meet credentialing requirements if provision of ongoing care for their patients is required at RHH. This is in addition to being credentialed at the private hospital.

Maternity services at **Calvary Lenah Valley** and **Hobart Private Hospital** (HPH) allows for provision of intrapartum care for low to moderate risk woman at 34 weeks gestation or greater.

Private obstetricians must refer women with risk of clinical deterioration or delivery at less than 34 weeks gestation to the RHH Maternity Unit K7E/W for tertiary level care.

RHH requires timely communication to support direct admission and possible high care needs, allowing for triage and management in the Maternity Unit, Neonatal operating theatre, or ICU.

2. **NORTH WEST INTEGRATED MATERNITY SERVICES (NWIMS) – Level 4**

Maternity services provided at **North West Private Hospital** (NWPH) allows for provision of intrapartum care for low risk women (public or private) for birthing at 34 weeks of greater or other pregnancy related issue.

NWPH has a Level 4 Special Care Nursery and capability to safely manage neonates *at 34 weeks of greater* in collaboration with North West Regional Hospital's (NWRH) Paediatric Medical Team.

Women who are low to medium risk are referred to the **Launceston General Hospital (LGH) following Consultant to Consultant agreement**. LGH provides Level 5 maternity services and Neonatal ICU services, with capability to safely manage neonates born at *32 weeks or greater*.

Women who are High risk are referred to RHH following Consultant to Consultant agreement. A private woman may be changed to public status for transfer, where admission to RHH is required due to imminent delivery of the neonate < 32 weeks gestation.

FOR ALL LEVEL 4 PRIVATE HOSPITALS – TRANSFERS TO TERTIARY LEVEL CARE

3. TIME-CRITICAL INTER-HOSPITAL TRANSFERS FROM PRIVATE HOSPITALS TO RHH

Time-critical in-utero transfer from any private hospital to RHH, are for those women who require urgent intervention to prevent death or serious morbidity. Clear and timely communication with RHH must occur to ensure planning for the right level of care and allocation of resources (Intensivist, Obstetrician, Midwifery and Neonatal Intensivist, and Anaesthetists).

- ***In the event of a critically ill woman requiring transfer to RHH***, the private Obstetrician is to contact the RHH Intensive Care Unit (ICU) Consultant directly (via RHH Switch 6166-8308) regarding direct transfer of care and management of the woman,
- ***If an Emergency Theatre booking is required or timely review of a critically ill / high risk woman is required***, the private Obstetrician is to contact the Anaesthetic Coordinator via mobile 0418-535-933.

4. RHH DIRECT ADMISSION PROCESS

- ***The request for transfer*** must be made directly by the transferring hospital / Private Obstetrician to the RHH patient Flow Manager via 6166-8278 / mobile 0438-397-940 for direct admission/process; complete the *Direct Admission Form* & email to rhhccord-patientflowmanager@ths.tas.gov.au

5. ONGOING CARE MANAGEMENT and PLANNING OF BORDERLINE/HIGH RISK CASES

- The medical and midwifery teams at RHH, in conjunction with the private Obstetrician (if continuing care) will institute the appropriate immediate management. This may include further assessment, stabilisation, induction of labour or additional specialist review, or transfer to RHH OT for delivery and/or Neonatal ICU support.
- To support planning and timely co-ordination of care of borderline/high risk cases if requiring tertiary level care, a supported communication process must be in place to ensure timely discussion between care providers and the RHH Neonatal and Obstetric teams.

6. URGENT INTER-HOSPITAL TRANSFERS FROM NWPH TO LGH

- If an urgent transfer from NWPH to LGH is required, the THS-NW Obstetrician or Private Obstetrician is to call the LGH Obstetric Consultant on-call directly (via LGH Switch 6777-6777) to discuss the level of risk for the woman and foetus/baby, and the most appropriate tertiary hospital for care and management of the woman and/or baby, and the transfer requirements.

7. CAESAREAN SECTION – URGENT DELIVERY

In most circumstances where the urgency of care requires immediate or emergency theatre (Category I) for the woman, or in the event of imminent delivery of the baby (regardless of gestation), the delivery is to be managed within the private hospital.

- ***In the event of a Category I Caesarean Section (CS)*** delivery must be conducted at the private hospital with planned co-ordination of the Neonatal Emergency Transfer Service (NETS) to retrieve baby for tertiary level care, if required.
- ***Women are not to be transferred to RHH Operating theatres for classified Cat I CS***

8. NON-URGENT TRANSFERS TO RHH

- Non urgent transfer requests are to be made by the private hospital Midwife with the RHH Bed Flow Manager on 6166-8278 or mobile 0438-397-940, and email a completed *Direct Admission Form* to rhccord-patientflowmanager@ths.tas.gov.au
- Following approval for admission from RHH and confirmation from the referrer, the private Obstetrician or Midwife is to contact the RHH Maternity AMUM on 6166-2585 and provide clinical handover in accordance with ISOBAR/ISBAR prior to transfer.

9. MODE OF TRANSPORT FROM Hobart Private Hospital/Calvary TO RHH

Consultant-to-Consultant referral and documentation of this must occur prior to arranging transfer to RHH. This is to ensure clinical resources and theatre / maternity bed / NPICU availability have been confirmed. All transfers must be direct to Maternity Unit K7E.

- **Calvary Lenah Valley:**
 - all maternity transfers from Calvary must be arranged through Ambulance Tasmania.
 - Neonatal transfers must be via road with NETS via 1300-558-329.
- **Hobart Private Hospital:**
 - women may be safely transferred from via chair/bed with a clinical escort to the Maternity Unit K7E *only* via the approved direct pathway (See *way finding directions with specific swipe access*).
 - Neonates may be safely transferred in an open cot with a clinical escort to NPICU (K8E) *only* via the approved direct pathway with specific swipe access.
 - Neonatal transfers requiring the NETS Transport Cot must be via road with NETS to NPICU (K8E) via 1300-558-329.

10. MODE OF TRANSPORT FROM North West Private Hospital TO LGH / RHH

- Consultant-to-Consultant referral and documentation must occur prior to arranging transfer to LGH/ RHH to ensure clinical resources and theatre / maternity bed / NPICU availability have been confirmed.
- Where clinically and logistically possible, all efforts should be made to transfer the woman with an in-utero foetus to LGH or RHH. This may need to occur in a time critical manner and be managed by obstetric team.
- When in-utero transfer is not clinically possible and the neonatal age is close to the NWIMS transfer threshold, clinical discretion should be applied to the decision to transfer dependant on the condition of the neonate, in consultation with a qualified neonatologist.
 - In such a case, the NETS team can be mobilised prior to delivery, and it may also be appropriate in some instances to attempt to delay delivery until the NETS team arrives.
- All obstetric transfers must be arranged through Ambulance Tasmania. All neonatal transfers must be arranged through the Retrieval Centre via 1300-558-329.
- Midwifery staff must ensure appropriate documentation has been copied and sent with patient on transfer if not available on DMR or Obstetrix Tas.
- All transfers must be directly to the RHH / LGH Maternity Unit.

AMUM	Associate Midwifery Unit Manager	NETS	Neonatal Emergency Transport Service
ISOBAR	Introduction, Situation, Observations, Background, Assessment, and Recommendation		
ISBAR	Introduction, Situation, Background, Assessment, Recommendation		
Ambulance Tasmania / NETS	Retrieval Centre	1300 558 329	
RHH Switchboard	For RHH ICU Consultant	6166 8308	
RHH Bed Flow Manager	For Non-Urgent Transfers to RHH	6166-8278	
		0438-397-940	
	Email: RHH Direct Admission Form to rhccord-patientflowmanager@ths.tas.gov.au		
NPICU AMUM	For level of care /staffing	0447 122 521	
RHH Maternity Unit AMUM	For bed/ room allocation /staffing	6166 2585	
RHH Anaesthetic Coordinator	For Emergency Theatre booking or review of critically ill / high risk woman	0418 535 933	
LGH Switchboard	For Obstetric on-call Consultant	6777 6777	
LGH Maternity Unit	Direct	6777 8960	
LGH Maternity Unit AMUM	For bed/ room allocation /staffing	0427 645 716	

Reference: THS-South PROTOCOL-May 2021-Management of Planned or Urgent Transfer of Maternity Patients to Tertiary Level Care

Questions and further information

For all questions or further information contact 6166 3856 | hselicensing@health.tas.gov.au