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Transfer of Women from Hutt Valley DHB to Capital Coast DHB Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

To ensure the safe and efficient transfer of women requiring tertiary care from Hutt Valley DHB to Capital & Coast DHB.

Scope

All medical, midwifery and nursing staff employed by the Maternal and Child Health Services; and other practitioners holding an access agreement.

Definitions

LMC

Lead Maternity Carer

Specialist obstetrician

The specialist obstetrician rostered for that day or an appropriate back-up obstetrician if the rostered obstetrician is unavailable.

Transfer

The transfer of a woman's medical management from a secondary care provider to a tertiary care provider including provision of access and medical/midwifery support until formal handover of care.

Procedure

- The LMC/hospital midwife must consult with the specialist obstetrician of the day as per Referral Guidelines and document handover of responsibility of clinical care.
- Specialist obstetrician to assess and determine that women/baby is/are clinically stable for transfer.
- The specialist obstetrician will liaise with the HVDHB paediatric team (as appropriate).
- If the specialist obstetrician deems it necessary to transfer the woman to a tertiary provider, a three-way conversation should take place and a formal transfer of care documented in the clinical notes. The specialist obstetrician then assumes responsibility for ongoing management.
- Loading dose of magnesium sulphate should be prescribed by an SMO as appropriate for under 30 weeks gestation. Other infusions should not be commenced or if insitu should be luered prior to transportation between care providers.

Once the decision to transfer is made

The specialist obstetrician will:

- Liaise with the ACMM/delegate in delivery suite and relevant staff
- Liaise with the relevant CCDHB on-call obstetric and paediatric teams
- Document the consultation, assessment and plan of care in HVDHB notes
- Compose a handover letter for the CCDHB obstetrician

The ACMM/ delegate in delivery suite will:

- Confirm the transfer with the CCDHB ACMM.
- Photocopy the maternity front sheet, blood results, scans, current medical and midwifery assessment, medication chart and any other relevant information. The photocopies should be stamped with the 'Authorised Copy' stamp. This task may be delegated to non-clinical staff as appropriate. **DO NOT SEND ORIGINAL HVDHB NOTES WITH THE WOMAN.**
- Fax the maternity front sheet and requested information to CCDHB delivery suite.
- Complete and fax Wellington Free Ambulance Patient Transfer Service Booking Form (available via Hutt Valley DHB intranet). Follow up with a phone call to ensure the form has been received.
- Arrange an escort (LMC/hospital midwife/transit nurse as appropriate) to accompany the woman unless stated otherwise by the specialist obstetrician. The hospital team are responsible for the transfer although the LMC may elect to escort and formally handover the woman to the tertiary care provider.
- Notify duty nurse manager of transfer and request a taxi chit for escort's return journey
- Consider initiating patient travel application (duty nurse manager can assist).
- Contact CCDHB ACMM with an ETA once the woman is en route.

The escort will:

- Assemble photocopied notes
- Collect taxi chit from DNM/ACMM
- Receive handover from the LMC or team caregiver
- Ensure woman has patent IV access
- Accompany the woman in the ambulance
- Take observations as appropriate during the transfer
- Communicate with the ambulance staff if there is a deterioration in the woman's or baby's wellbeing
- On arrival formally handover to CCDHB midwifery team.

**Note: if the tertiary provider is unable to accept the woman for any reason, it is their responsibility to arrange access to an appropriate alternative provider including providing escort/s, arranging transport and funding.*

Associated documents

Guidelines for consultation with obstetric and related medical services (referral guidelines) Ministry of Health 2012.

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).