

CIRCULAR

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POLICY FOR EMERGENCY OBSTETRIC AND NEONATAL REFERRALS

This Circular supersedes Circular No 97/56.

The attached Policy is intended for display in Labour Wards and Nurseries. It details the appropriate communication path for facilitation of emergency obstetric and neonatal referrals.

The Policy provides guidelines which will simplify access to tertiary perinatal centres and specialist intensive care centres. The policy will assist in facilitating appropriate clinical decisions regarding transfer requests to neonatal intensive care units and ensure consultant advice is available for complex or difficult problems.

The Policy was prepared by the Neonatal and Paediatric Emergency Transport Service (NETS), in consultation with the Perinatal Services Network, intensive care units, high risk obstetric services and the Ambulance Service of NSW.

The guidelines for advice and transfer are:

- All maternity hospitals and other health care facilities which may deal with obstetric patients should have procedures in place for the coordination of emergency interhospital transfer of obstetric and newborn patients.
- Sources of advice concerning immediate care and timing of transfer, where necessary, are shown in the attached emergency referral policy of the NSW Perinatal Services Network. Advice is available to all clinical staff, including nurses, midwives and ambulance officers where there is no access to a local medical officer
- Where there are complications of pregnancy or labour (including preterm onset of labour), it is essential that the clinician responsible is aware of current information. This includes the infant's likely prospects for survival, options for care around labour and birth, care of the infant immediately after birth and the types of ongoing care that the baby might require. If the clinical problem is beyond the normal role of the local maternity hospital, the advice of obstetric and paediatric clinicians in a higher level facility should be sought. This advice should be discussed with the parents in deciding upon a plan of management.
- If an infant is not expected to survive and is born alive, a medical officer should immediately examine the infant and review the management plan in consultation with the parents.

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- Extremely premature babies may pose particular ethical and clinical difficulties. Hospitals should have policies to ensure that the most appropriate medical officer examines the baby and that specialist paediatric advice is obtained and discussed with the parents.

Colour, laminated copies of the chart are available from NETS.

Michael Reid
Director-General