**ROYAL HOSPITAL FOR WOMEN** Approved by
LOCAL OPERATING PROCEDURES Quality & Patient Safety Committee
**CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL** 15/12/11

## IN UTERO TRANSFERS AT 23 – 25 WEEKS GESTATION

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

### 1. AIM

- Informed collaborative decision making between the parents and the perinatal team regarding the initiation of resuscitation and neonatal intensive care in situations of threatened premature birth at 23 + 0 to 25 + 6 weeks gestation
- Woman is appropriately informed about the outcomes of extreme prematurity
- Medical and midwifery staff in hospitals less than a level 6 delineation are supported in their management of these women and their infants
- Woman is offered a range of management options, including expectant management in their local hospital or transfer to RHW for assessment and counselling ± palliative care of the infant if a decision for palliative care has been taken
- Woman is appropriately counselled regarding the need for assessment and counselling at RHW **PRIOR** to deciding on a firm management plan regarding resuscitation and Neonatal Intensive Care Unit (NICU) support

### 2. PATIENT

- Woman at risk of birth between 23 + 0 and 25 + 6 weeks

### 3. STAFF

- Registered Midwife
- Medical Staff
- Social Worker

### 4. EQUIPMENT

- Nil

### 5. CLINICAL PRACTICE

**Responding to Request from Referring Hospital**

- Obtain by most senior clinician available in the unit, relevant clinical history details, including :
  - Accurate dating of pregnancy, including method of establishing gestation (LMP or scan)
  - Obstetric history
  - Reason for risk of preterm birth
  - Maternal condition: stable or unstable
  - Current fetal condition
  - Fetal history
  - Fetal factors : growth, presentation, anomalies
  - Cervical status
  - Presence of rupture membranes and nature of liquoor
  - Administration of steroids or other medications
- Discuss the case with the most senior clinician available in the referring unit to obtain relevant clinical details
- Discuss the case with the obstetric and neonatal consultants on for the day
- Clearly communicate to the referring clinician that the purpose of transfer is for assessment and counselling by a multidisciplinary team, notwithstanding the increasing obligation to treat with higher gestation, transfer of care is **not** necessarily a plan to immediately offer intensive care
- Accept the transfer of a woman just prior to 24 weeks gestation in limited situations, for the purposes of antenatal consultation
- Balance disadvantage of separating the woman from her local support network vs. benefit of providing tertiary assessment and care on an individual basis
- Offer ongoing telephone support from the Obstetric/MFM and NICU departments should expectant management continue in the woman's local hospital

## IN UTERO TRANSFERS AT 23 – 25 WEEKS GESTATION cont'd

**On admission to the RHW**

- Perform initial clinical obstetric assessment in Delivery Suite
- Arrange consult with the obstetric and neonatal consultant as soon as appropriate
- Make a collaborative decision between the woman and her family with the obstetric and neonatal teams with regards to ongoing management
- Document management plan, including mode of delivery and timing of antenatal steroids clearly in the clinical notes
- Review management once the pregnancy reaches 24 weeks gestation
- Manage palliative care of the infant if this is the decision that has been made
- Refer to Social Work Department

### 6. DOCUMENTATION

- Integrated Clinical Notes
- Register on Delivery Suite for phone calls

### 7. EDUCATIONAL NOTES

- In general, active resuscitation of infants born at less than 24 + 0 weeks is not encouraged[1]
- Parents are more receptive to medical information and have more time to consider their preferences when they are given appropriate counselling in a non-acute situation, i.e. without the threat of imminent birth. For this reason, transfer of a stable woman at less than 24 weeks in some situations for assessment and counselling, may be preferable to waiting until 24 weeks
- Antenatal corticosteroids should be administered if active resuscitation is planned
- Counselling of the patient by the clinician in the referring hospital prior to transfer can be assisted by the patient information booklet on the outcomes of premature babies in NSW and ACT

### 8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Nil

### 9. REFERENCES

1 Lui K et al. Perinatal care at the borderlines of viability: a consensus statement based on a NSW and ACT consensus workshop. MJA 2006 185 (9) 495
2 Outcomes for premature babies in NSW and ACT. 2000 NSW Pregnancy and Newborn Services Network