

North West Region

Standard Operating Procedure for the Transfer of women and babies from a community setting to an acute setting SOP

FINAL
June 2023

Developed by

- Greater Manchester and Eastern Cheshire SCN
- North West Coast SCN

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Document Control

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1. Purpose

To ensure that all women who are pregnant, in labour or following birth in a community setting are transferred to an Obstetric unit in an appropriate and timely manner, when clinically indicated following appropriate assessment from a midwife. The purpose of this document is to identify and to facilitate the use of the most appropriate means of transportation for women when transferring from a community setting into hospital.

2. Scope

This Standard Operating Procedure (SOP) defines the appropriate method of transport, ensuring that clinical presentation is considered and that an appropriate risk assessment has been undertaken to ensure that an informed decision has been made with the woman regarding chosen transfer method. It does not cover guidance for Babies Born Before Arrival. The SOP applies to all relevant maternity healthcare professionals (HCP) midwifery staff employed by an NHS providers within Cheshire, Merseyside, Lancashire and South Cumbria and Greater Manchester.

3. Communication with Ambulance Service

Clear communication with the ambulance service is vital when requesting transfer of women/babies from a community setting into an obstetric unit. It is important that each maternity trust is familiar with this SOP, ensuring a clear understanding of process and the allocation of ambulance resources, to support the request for a timely and safe transfer into the obstetric unit, where indicated.

4. IFT (interfacility transfers) process

There are two ways in which Maternity HCPs can contact the North West Ambulance Service (NWAS) when requiring urgent or emergency transfers.

This is either:

- Via the Healthcare Professional line: **0345 140 0144** (For use 24/7 when there is a clinical need for urgent or emergency transport to hospital or between hospital sites (nwas.nhs.uk/news/healthcare-professional-requests-for-ambulance-transport.)

OR

- Calling 999 after using any internal prefix required to achieve an outside line

Both avenues support a triage to ascertain the level of category response required.

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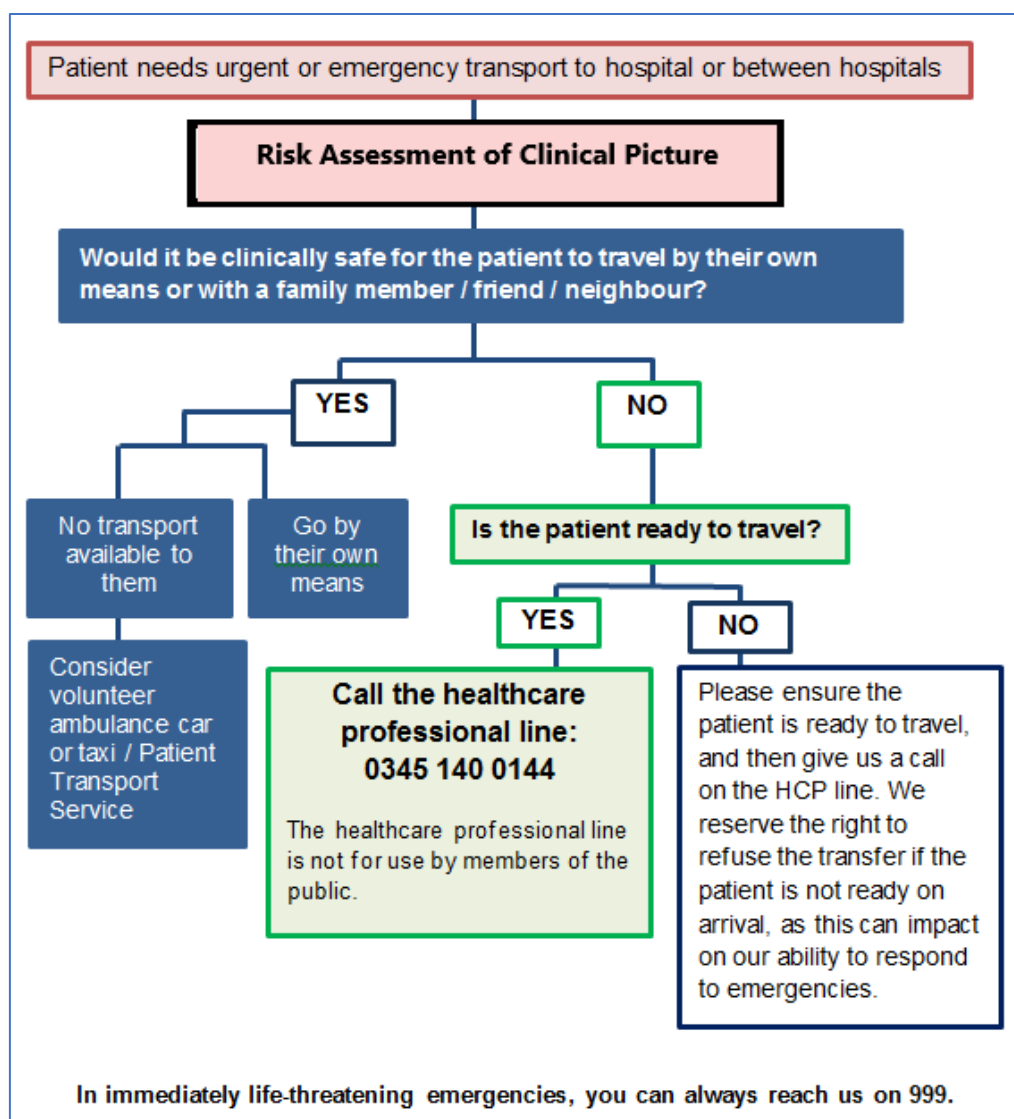
The [National Framework for Interfacility Transfers](#) underpins the process embedded within the NWS HCP line.

5. Community Transfer

If an obstetric emergency is being declared, then the HCP making the call will need to press option one (or dial 999 in the first instance).

If delegating to a family member during a life-threatening emergency – please ask them to call 999.

Flowchart 1: Transfer of Peri-Partum Women from a Community Setting to an Obstetric Unit: Process for calling NWS



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To mitigate for the instance that a time critical emergency response is required, the IFT recorded line will first ask:

‘Do you require our clinical help right now to provide life-saving interventions, or are you declaring an obstetric emergency?’

It is important that when requesting an emergency ambulance, that the caller clearly communicates the situation and the clinical indication for the transfer. The NWAS HCP line will ask a series of questions as outlined below to undertake an appropriate triage. Further information regarding questions that might be asked by NWAS can be found via the link in [Appendix 2](#).

6. Other potential NWAS questions

- MEWS2* (add as appendix when available)
- Summary of woman’s/person’s condition
- Name of authorising HCP
- Contact details of authorising HCP
- Location the woman/person needs collecting from
- Destination (inc. ward/clinic)
- Woman’s/person’s full name
- Woman’s/person’s NHS number where available
- Woman’s/person’s mobility (walking /wheelchair/ stretcher / incubator – including type)
- Provide details of any patient infections that may pose risks to the attending staff
- Advise if there are any family or clinical escorts
- If the woman/person requires medication enroute, is it ready to transport?
- Could the woman/person travel with others as part of a multi-occupancy transfer?
- Probability of clinical deterioration
- Special requirements/ instructions/ need for interpreters
- Anything else you think NWAS need to know

Once the call has been triaged and a response time has been provided, please note that should the **clinical presentation** of the women or baby become **life threatening** whilst awaiting the arrival of an ambulance, the maternity HCP should **call 999** ensuring any change to clinical need are **re triaged / to declare an obstetric emergency**.

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7. Presentation guide for life threatening and emergency presentations

It is vital that all maternity HCPs provide accurate information regarding clinical presentation when declaring an obstetric emergency. Time critical obstetric emergency responses are aligned to a specific number of presentations (Table 1 below).

These presentations are classed as 'obstetric emergencies' that generate a category 1 response via ambulance triage. This guide does not replace the ambulance service triage system that ensures the right response is provided.

All other presentations that fall outside of those classed as obstetric emergencies will be triaged accordingly via the HCP line, such as presentations detailed within the 'Emergency' category below.

Table 1: Specific presentations aligned to a critical obstetric emergency response

<p>Life Threatening</p> <p>'Obstetric emergencies'</p> <p>Category 1</p>	<ul style="list-style-type: none"> • Maternal collapse • Neonatal collapse • Shoulder Dystocia • PPH • Cord Prolapse • APH • Malpresentation (e.g. breech) • Eclamptic Fit • Suspected fetal compromise 	<p>999</p> <p>NWAS will deploy Rapid Response Vehicle where available/Senior Clinician and/or Emergency Ambulance</p>
<p>Emergency</p> <p>Category 2</p>	<ul style="list-style-type: none"> • Meconium • Delay in second stage • Retained placenta • Deteriorating Mother requires ongoing observation and treatment • Deteriorating Baby requires ongoing observation and treatment 	<p>Healthcare professional line (0345 140 0144)</p> <p>NWAS will respond with an Emergency Ambulance</p>

Time critical emergency responses are not provided for non-life-threatening presentations – including concerns around women birthing outside of guidance, request for pain relief and pre-emptive concerns about the wellbeing of mother and/or baby. Such presentations will be categorised according to the triage system embedded within the IFT process (National framework for IFT doc National Framework for Interfacility Transfers:

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<https://www.england.nhs.uk/wp-content/uploads/2019/07/B0461-aace-national-framework-for-inter-facility-transfers-v2.pdf>

Any allocation outside of an obstetric emergency being declared will be provided with an estimated time of arrival aligned to the category of response provided. Should the requesting maternity HCP disagree with the category of response provided, they are advised to ask to speak with an NWS clinician in the emergency operations centre.

It is advised that each trust reviews and ensures that their risk assessment for homebirths and freestanding birth units reflects this information and to ensure that women are provided with information regarding response times of ambulances and transfer times to the obstetric unit. The previous months average response times are available on the NHSE website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2022-23/>

Please note there is a distinction between response and transfer times. Appendices [4](#) and [5](#) provide links to standardised resources to support these conversations. These information documents have been produced by the regional maternity team and NWS. Women who choose to birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary, which is a combination of the ambulance response time and the estimated travel time to the obstetric unit (Ockenden Final Report - Labour and Birth, 2022).

8. 999 Emergency process

The 999-emergency line supports the public and HCP in community settings who require emergency assistance. During an **obstetric emergency** it is advised that the HCP or whoever is being delegated to call the ambulance service dials **999**.

For all other non-life-threatening presentations, the HCP should call the HCP line to request a transfer into the obstetric unit.

9. Decision making and informed consent

NWS has a set guidance provided on their website to support trusts in requesting ambulance transport. This guide is for all maternity HCPs across the North West. This standardized approach is used to assess clinical need for all maternity HCPs who call the NWS HCP line requesting an ambulance. Trusts are required to ensure staff are familiar with the process detailed in the *NWS Quick Guide to Requesting Ambulance Transport, A Guide for maternity HCPs* ([Appendix 2](#)).

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When it has been identified that a woman requires transfer from a community setting into an obstetric unit, the maternity HCP must carry out a risk assessment regarding suitable mode of transfer using Flow Chart 1 (detailed above) and clearly document this.

Please follow your trust guidance for escalation if the transfer involves women who are choosing to birth at home or in a freestanding birth unit who need transfer into the maternity unit, so that the clinical team are aware of the transfer and are anticipating the woman/baby's arrival.

10. Communication

In a life-threatening transfer of a women or baby from a community setting, a standby alert via the Red Phone located on the obstetric unit will be passed via NWS. The attending maternity HCP at a homebirth or community birth centre, at the earliest opportunity, must communicate with the labour ward co-ordinator managing the unit the woman will be transferring into, providing a clear SBAR to detail current presentation and what is required on arrival.

Effective communication between the maternity HCP / NWS crew on scene is important, ensuring that they provide clear and accurate information on destination and that the receiving obstetric team follow the Red Phone SOP to ensure timely access upon arrival. Please refer to [Appendix 1](#) below for the NW Red Phone SOP.

Details of use of the Red Phone SOP and time critical transfers from a community setting should be included in mandatory training skills along with simulation of transfer into the unit via the ambulance service.

11. Considerations for own transport

In certain circumstances it may be deemed appropriate for the woman to make her own way into the unit following an informed discussion and agreement between the woman and her maternity HCP. Such considerations provide a safe alternative to awaiting a non-urgent ambulance transfer. The examples below are of presentations may be suitable for own transport considerations Table 2. Clinical judgement is paramount and clinical signs must not be viewed in isolation.

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<p>Non urgent</p> <p>Own transport considerations / taxi / friend / relative</p>	<ul style="list-style-type: none"> • Malpresentation – early labour • Newly noted blood loss (Not active loss - but requires review) • Mother requires ongoing observation but is stable • Maternal request for further pain relief including epidural, if not in advanced labour • Maternal request 	<p>Own Transport</p> <p>The maternity HCP will undertake a risk assessment prior to supporting women in own transport</p>
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12. Midwife's Role

When a woman is using her own transport, the midwife will need to make a clinical decision as to whether she needs to meet the woman at the receiving unit or not, dependent on the reason for transfer as per Table 2. The midwife will ensure that the woman and her birth partner are clear as to where they are going and which department within the receiving unit they will attend – e.g. Triage or Antenatal ward. The midwife will discuss with the woman whether she will follow or not and will inform the receiving unit of the woman's arrival (and the midwife's attendance if appropriate), using an SBAR approach [Appendix 3](#). The midwife will confirm that the woman has arrived at the receiving unit.

13. Reporting, debrief and feedback

In the event of a transfer from a homebirth or free-standing midwifery unit to an Obstetric unit, trusts are required to report via the Trust Incident Reporting system as described in the Incident Management Policy. Trusts are also advised that with any adverse outcomes following a transfer to contact NWAS maternity team to support joint reviews and learning. Maternity.team@nwas.nhs.uk

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Appendix 1: North West Red Phone SOP

1

RED PHONE RINGS

(This is an Obstetric / Neonatal Emergency Call)



2

ANSWER

Red Phone Must Be Immediately Answered by a MIDWIFE or DOCTOR



3

LISTEN

DOCUMENT: Pre-alert information as stated and estimated time of arrival (ETA)
(*Provided by non-clinical staff, it is not a clinical discussion*)

INFORM: Shift co-ordinator immediately – **MUST ACCEPT THE EMERGENCY**

CONSIDER: Obstetrics / Anaesthetics / Neonatal / Major haemorrhage protocol



4

PREPARE

TEAM: Identify team required in line with clinical presentation of patient

ACCESS: Delivery Suite must be clearly signposted and accessible for NWAS with doors open (e.g., Consider Lifts and Security - NWAS clinicians may be unfamiliar with unit)

ROOM: Prepared and equipment checked and ready



5

RECEIVE

MEET: Allocate member of staff to escort NWAS to receiving unit

HANDOVER: SBAR Handover: Listen clearly to the NWAS Clinicians handover



6

DEBRIEF / FEEDBACK

Joint Debriefs with NWAS can lead to better joint working and learning.

Shared learning/Feeding back to NWAS via maternity.team@nwas.nhs.uk

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Appendix 2: NWAS Quick Guide to requesting Ambulance Transport

NWAS Quick Guide to Requesting Ambulance Transport, A Guide for HCP's Quick guide to requesting an ambulance <https://www.nwas.nhs.uk/publications/quick-guide-to-requesting-an-ambulance-foldable-pocket-sized/>

Appendix 3: Example of information to be including in an SBAR

Date and time of call	
Name of midwife/doctor receiving call	
Patient name	
Hospital number	
Date of birth	
Pre-alert information from EOC despatcher – including clinical picture and reason for transfer/admission	
Current management/assessment	
Estimated time of arrival	
Labour ward co-ordinator informed	Time informed _____ Name of co-ordinator _____

Appendix 4: Maternity systems and the ambulance service



NHS England and NHS Improvement – North West Maternity Team & North West Ambulance Service NHS Trust

Maternity Systems and the Ambulance Service

This document has been developed for Heads of Midwifery / Maternity Service Providers in collaboration with North West Ambulance Service (NWAS) to provide maternity systems with guidance relating to the Ambulance Service.

During the pandemic, Maternity Units and Local Maternity Systems are responsible for making decisions on their ability to maintain home births and midwife led units based on several factors, particularly, the availability of midwifery staff and NWAS capacity to respond during this national coronavirus (COVID-19) pandemic (declared a level 4 incident for the NHS).

From an NWAS perspective, response is aligned to the national ambulance Pandemic Response.

If the level of escalation is increased from the current level 1, NWAS will provide an update advising of any change to the ability to respond to all trusts/Maternity Units via the NWAS Regional Health Control Desk/ROCC which operates 24/7.

REAP 4

The National Ambulance Resilience Unit's is Resource Escalation Action Plan (REAP) Level 4 - equal to hospital Operational Pressures Escalation Levels (OPEL) 4 status. REAP is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. For further information relating to OPEL status, please follow the link below:

<https://www.england.nhs.uk/publication/operational-pressures-escalation-levels-framework/>

It remains our priority to get clinicians on scene for patients waiting in the community reported to be in a life-threatening or very serious condition. When operating at such levels of escalation, we often advise patients with lower priority conditions that we will not be attending, some patients may wait up to 7 hours for a clinical call-back/response. We prioritise those who are suffering from life-threatening issues.

To support Maternity Trust in understanding category responses, the following section refers to national guidance and provides national response target times.

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Appendix 5: Supporting conversations with women



NHS England and NHS Improvement – North West Maternity Team & North West Ambulance Service NHS Trust

Supporting midwife conversations with pregnant women

This document has been co-created by NHS England and NHS Improvement – North West Maternity Team and North West Ambulance Service NHS Trust to support midwives to have discussions with women about pregnancy/labour and use of ambulance services. It should not be given out at any appointment or shared electronically.

Advice if you are due to give birth

Please think carefully before calling an ambulance in pregnancy or normal labour.

Call your midwife, birth centre or labour ward in the first instance for help and advice. Ambulances are needed for life-threatening emergencies, and **normal labour is not an emergency**.

During your pregnancy, it is important you discuss with your midwife the signs of normal labour and plan your transport to your chosen place for the birth.

Initially any pregnancy or labour concerns should be raised with your midwife or birth centre, as they can advise you further. This includes worries about fetal movements or feeling unwell.

On rare occasions an ambulance may be needed, such as:

- You are immediately about to give birth with a strong urge to push.
- Fresh bleeding which is more than an egg cupful (or two changes of pads).
- Severe abdominal pain that continues and persists after a contraction.
- The baby's cord is visible.
- Other medical emergencies, such as breathing difficulties or chest pain.
- Any other condition that the midwife requests you to phone 999 for.

Calling an ambulance

If you do need to call an ambulance at home, the following information may be helpful.

Your 999 call will be answered by a call handler. The call handler will not be medically trained. They will ask you the following questions: *'Is the patient breathing'* *'Is the patient awake'* *'Tell me exactly what's happened'*. Please respond clearly to the questions being asked, this will help the call handler arrange help.

The call handler may stay on the line to you, or the person who made the call to provide support whilst you await arrival of the ambulance. Staying on the line will not delay an ambulance if you require one.

Updated 03/09/20201 Authors: Stephanie Heys, Michelle Waterfall.

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Associated Documents

Scarf, V. L., Rossiter, C., Vedam, S., Dahlen, H. G., Ellwood, D., Forster, D., ... & Homer, C. S. (2018). Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: a systematic review and meta-analysis. *Midwifery*, 62, 240-255.

Intrapartum care for healthy women and babies. Available at

<https://www.nice.org.uk/guidance/cg190/chapter/recommendations#place-of-birth>

Requesting an Ambulance – Resources for Healthcare Professionals

<https://www.nwas.nhs.uk/services/professionals/emergency-ambulance/>

Glossary

APH	Ante Partum Haemorrhage
BBA	Baby Born Before Arrival
HCP	Health Care Professional
IFT	Inter-Facility Transfer
NHS	National Health Service
NWAS	North West Ambulance Service
OPEL	Operational Pressures Escalation Action Plan
REAP	Resource Escalation Action Plan
ROCC	NW Regional Operational Control Centre
PPH	Post-Partum Haemorrhage
SOP	Standard Operating Procedure

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