

NEONATAL TRANSFERS TO HIGHER LEVEL CARE

INTRODUCTION

The majority of pēpi can be safely cared for on the West Coast, however some neonatal complications will require a referral to the Neonatal Service at Christchurch Women's Hospital (CWH) for review and/or ongoing care. This guideline outlines the clinical indications where referral or transfer should be considered.

The West Coast does not have a dedicated neonatal service or special care baby unit, with care provided by core midwives with support and direction from the Rural General Medicine Specialist (RHM) on call for paediatrics. While able to safely provide emergency care and care for a limited number of complications such as complex feeding support and phototherapy, staffing of the maternity unit does not allow for the provision of ongoing care for those pēpi who require a higher level, or prolonged duration of care.

Ideally at risk pēpi will be identified antenatally as per policy GLM0063 and appropriate place of birth discussed and arranged before birth. Where this has not occurred or where there were no antenatal risk factors identified, transfer to a higher level Neonatal Service may be required in certain clinical situations listed below. This list is not exhaustive, and the clinical picture and ward acuity need to be considered.

Please read in conjunction with the [Neonatal Clinical Resource](#) (Ref.2403289).

ABSOLUTE CRITERIA FOR TRANSFER

- Follow Fetal Maternal Medicine plan for transfer where one exists:
- All preterm babies
- All babies on bCPAP
- All babies requiring IV infusions (excluding antibiotics)
- All babies needing telemetry
- All babies not responding to phototherapy
- All babies requiring continuous oxygen saturation monitoring
- Birthweight less than 2300g
- Weight loss greater than 12.5%
- Weight loss 10-12.5% with no gain 24 hours following intervention

CRITERIA FOR CONSULTATION WITH CONSIDERATION FOR TRANSFER

- Risk of neonatal abstinence syndrome – from opiates (methadone, morphine codeine), benzodiazepines and methamphetamine. Follow Ngā Taonga Pēpi programme.
- Congenital abnormalities – follow the Fetal Anomaly Advice Committee plan.
- All babies not meeting oxygen saturation requirements as per National Pulse Oximetry Screening programme.
- All babies with modifications to NEWS beyond first 24 hours.

- All babies exposed to maternal Lithium medication.
- Postnatal diagnosis of early or late onset FGR as defined by the National SGA Guidelines:
Diagnose FGR in the neonate if one or more of the following criteria are met:
 1. Customised birthweight < 3rd centile)
 2. Customised birthweight centile from 3 to 10 with two or more additional features:
 - BMI z-score < -1.3
 - Length z-score < -1.3
 - Skin or body fat z-score < -1.3 (where expertise and equipment allow)
 - Antenatal diagnosis of FGR
 - Major maternal risk factor/s for FGR
 - Evidence of placental insufficiency on histology
 3. Antenatal diagnosis of FGR and evidence of placental insufficiency (eg. abnormal Doppler studies), even if the customised birthweight centile is > 10 or more.

CRITERIA FOR CONSULTATION WITH CONSIDERATION TO STAY ON THE WEST COAST

- All babies on IV antibiotics
- All babies from pregnancies complicated by moderate – to severe polyhydramnios (AFI > 30.1 cm and single pocket > 12) – due to potential undiagnosed congenital infection or anomaly.

RHM RESPONSIBILITIES WHEN BABY STAYS ON THE WEST COAST FOLLOWING CONSULTATION

- Clear documentation of plan and rationale, including indications for review of plan
- Complete check at 24 hours
- Daily review until medical discharge
- Ensure 4 hourly obs until 24 hours post intervention ie antibiotics
- If preterm or birthweight under 2500g it is recommended that:
 - Vitamin D is supplemented (from birth) until 12 months
 - Iron is supplemented from 4 weeks until 12 months if breastfed
- Discharge from paediatric care letter is completed

ASSOCIATED DOCUMENTS

[Criteria for Referral or Transfer to Christchurch Women's Hospital from West Coast \(GLM0063\)](#)

[Neonatal Clinical Resource \(Ref.2403289\)](#)

Date Issued: December 2024
Review Date: December 2027
Authorised by: MQSGG Te Tai o Poutini West Coast

Maternity Guidelines
Christchurch Women's Hospital
Christchurch New Zealand

*This document is to be viewed only via the Health NZ Te Whatu Ora Waitaha Canterbury intranet and/or website.
Any printed versions, including photocopies, may not reflect the latest version. Policy Library version is authoritative.*