

Postnatal Transfer of Māmā and Pēpi to a Community Birthing Unit

Procedure

Procedure for transfer of māmā and pēpi from Christchurch Women's Hospital (CWH) to a Community Birthing Unit (CBU).

Note

Throughout this document we use māmā, woman and birthing person interchangeably to acknowledge the diverse identities of those using our service.

It is at the discretion of the CBU to confirm the transfer based on an ISBAR clinical handover to establish suitable for primary care / resources available. Whanaungatanga / mutual understanding and respect, trust and support underpin these discussions.

Purpose

- To enable care closer to home.
- To ensure the safety of whānau during the transfer period.
- To ensure Te Whatu Ora Waitaha staff and Lead Maternity Carers (LMCs) understand the process of transferring māmā and pēpi to a CBU.
- To ensure necessary communication and documentation occurs between CWH, CBU and our LMC colleagues.

Scope

This procedure applies to all well māmā who have birthed at CWH and whose pēpi is healthy and both meet the criteria for primary care.

Associated documents

- Newborn Record (Ref.2400438)
- Infant Feeding Record (Ref.2400431)
- Maternity Vital Signs Chart - MEWS (Ref 2406285)
- Newborn Observation Chart (Ref.2401230)
- Smoking Cessation form (Ref.C12001)
- Newborn Metabolic Screening blood spot card Labour and Birth Summary
- Discharge Summary Letter
- ISBAR Handover (Tool used in CBU Ref.2400851)
- Admission to a Waitaha Community Birthing Unit (Ref. 2400667 Form number. GLM0044)
- Obstetric Referral Guidelines
- Transcutaneous Bilirubin (TcB) Measurement (Maternity) using jaundice meter (Ref. 2401382 Form number. GLM0058)

Key responsibilities

All Health NZ Canterbury Midwifery staff and LMCs with an Access Agreement are responsible for adhering to the following procedures.

Procedure: Timeframe for postnatal transfer

- Transfers to all Health NZ Canterbury CBUs can occur at any time for māmā and pēpi when clinical assessments are within normal parameters (staff may delay transfer if weather or other environmental conditions are unsuitable).
- Māmā who have a PPH between 500ml and 1000ml if CBC pre-PPH >105 and asymptomatic with MEWs of 0 x 2. We strongly encourage those wāhine to be prescribed oral iron for 6 weeks postnatally.
- Māmā who have had a caesarean section remain secondary care for 24 hours after birth and can transfer to primary level care after medical clearance. Planned category 4 LSCS might be able to transfer to CBU slightly earlier to allow transfer at an appropriate time of the day.
- Pēpi <10th centile should not transfer before 24 hours post birth and will need a feeding plan and current feeding chart in place.
- Transfers from the Maternity Ward should occur in the morning when possible.

Procedure: Suitability for transfer

1. Following the birth determine the most appropriate place for postnatal care.
A postnatal bed in the CBU closest to home is offered if available, if not another CBU option can be offered.
2. The CMM or discharge midwife will coordinate the available and pending beds with each CBU and add name(s) to Floview.
The whānau is made aware that the bed is not confirmed until a clinical handover 1 hour prior to transfer because admissions to the CBU can also occur from the community (people in labour) and from Birthing Suite in the interim.
If a bed becomes unavailable, the CBU midwife will notify the CMM or Discharge Midwife to enable discussion of other options with the whānau.
3. Transfer Criteria
Māmā, if under secondary/tertiary care, will require medical clearance to transfer and care returned to the LMC.
Ensure:
 - Vital signs are within normal limits with MEWS of 0. If previously abnormal MEWS, then **2 scores of 0 at least 1 hour apart are needed**. If a wāhine is scoring a 1 as her normal baseline, please ensure the MEWS is modified early during the inpatient stay.
 - Fundus is firm and central.
 - Vaginal bleeding is within normal limits. No transfer to CBU if EBL \geq 1000mL before 12 hours post birth.
 - Preventive Anti-D has been administered, if required, unless delayed and Birthing Suite is gridlocked. Extra Anti-D, above the routine 625IU, and pending on kleihauer results can be checked and administered in CBU as needed.
 - Has passed urine spontaneously post birth. If in-dwelling urinary catheter (IDC) removed, then trial of void is one measurement of at least 200mls. The second trial of void can take place in a CBU. Can transfer with IDC insitu with fluid balance up-to-date.

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- Is mobilising independently with full sensation returned to legs following an epidural or spinal anaesthetic. Spinal or epidural obs (if morphine) are complete.
 - There are no EProsafe alerts indicating serious violence during this pregnancy that is likely to put staff or whānau in the CBU at risk.
 - There are no serious mental health concerns likely to require input from the acute mental health service during inpatient stay.
 - Pain relief given prior to departure, and as prescribed, to ensure adequate pain management during transfer.
 - Discharge prescription has been completed and given to māmā prior to leaving CWH.

Pēpi, if under neonatal care, will require medical clearance to transfer to a CBU.

Ensure:

- Term gestation and above the 3rd centile on GAP/GROW. If below 10th centile, will need to be over 24 hours of age and feeding plan in place.
- Vital signs are within the normal range – NEWS = 0 and NEWS done within an hour prior to transfer. If previously abnormal NEWS then **2 scores of 0 at least 1 hour apart are needed.**
- Temperature is stable above 36.5 celsius prior to departure.
- Has had an adequate feed **within 2 hours of transfer.** Feeding chart is up to date.
- Two identification name bands, including one with NHI are in place.
- Neonatal exam 0-2 hours has been completed and documented on QMR0044 or MMPO page completed and filed in clinical record.
- When transferring from Maternity Ward, if pēpi is older than 24 hours and less than 15 days, please perform a Transcutaneous Bilirubin measurement to ensure pēpi does not need further evaluation of jaundice. If signs of jaundice before 24 hours of age, please refer to NICU ASAP.
- If older than 24 hours baby will require Day 1 check by Core Staff, LMC or Neonatal Staff as appropriate.
- If requiring blood glucose readings (as per NOC/NEWS) for x3 consecutive results of 2.6 mmol/l or above, and including when top-ups are discontinued, prior to discharge to CBU.

Procedure: Documentation required prior to transfer to a CBU

1. Ensure clinical notes for māmā and her pēpi are placed in a labelled transport envelope to accompany the whānau and include:
 - Labour and Birth summary completed and checked.
 - Medchart updated to discontinue meds no longer required, appropriate analgesia still charted (staff in CBU cannot administer from take-home script), medications changed to self-administer if required.
 - Whānau have take-home prescription if applicable.
 - Risk Screening (Ref.2403988).
 - Newborn Record (Ref.2400438) completed.
 - Infant Feeding Record (Ref.2400431).
 - Newborn metabolic screening documentation is completed.
 - MEWS and NEWS.
 2. Tamariki Ora/Well Child Health Book with Birth Registration form given to parents.
 3. Completed discharge summary letter.
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Procedure: Communication for transfer between units

1. Verbal clinical handover from LMC and/or CWH staff to CBU midwife using ISBAR format and no more than an hour prior to transfer. If suitable for primary care/resources available, CBU midwife confirms bed and CWH staff confirms bed or changes from pending to confirmed, on Floview.
 2. LMC informed of transfer by CWH staff.
 3. Māmā and whānau are advised to transfer directly to CBU and given advice about admission entrance and parking provision.
 4. CBU notified immediately prior to the departure from CWH. If the whānau has not arrived within a reasonable travel time, CBU midwife to notify the LMC to confirm their safety.
 5. Inform the Ward Clerk of transfer time.
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Procedure: Safety of māmā and pēpi

1. Ensure pēpi is dressed warmly/appropriately prior to transfer.
 2. Advise whānau to ensure the pēpi is travelling in a warmed, NZTA approved car seat and check baby in a car seat correctly before leaving the ward.
 3. Advise whānau to transfer directly to the CBU – not stopping elsewhere on the way.
 4. Prescriptions can be filled at the hospital pharmacy on the day of discharge, alternatively the support person can do this after admission to the CBU.
 5. Māmā and pēpi have correct identity bands on.
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Transfer back from CBU to CWH

If māmā or pēpi becomes unwell, they will likely need to be transferred back to CWH.

1. Please always discuss the clinical situation with the Obstetric or Neonatal Registrar on call and notify the appropriate CMM.
2. Prior to transfer or immediately following the whānau departure from the CBU, a verbal clinical handover from the CBU midwife to the CWH midwife/nurse using ISBAR format.
3. If the CWH CMM has not allocated the whānau to a staff member yet, they should then receive a comprehensive verbal handover using ISBAR format.
4. LMC informed of transfer back to CWH by CBU midwife.

Performance indicators/benchmarks

- Number of māmā and pēpi transferred back to CWH.
- Number of postnatal transfers to the CBUs.
- Number and nature of Safety First reports relating to transfer to CBUs.
- Temperature and Identification Audit Results.

Record/Evidence

- Clinical Records.
- Patient Administration System Database.
- Safety First Incident reporting.
- CBU outcome data / tool evaluation.

Appendix: Maternity Clinical Handover Tool

1. The Maternity Clinical Handover Tool is available on Cortex (under Clinical Handover Tool) and mostly auto-populates.
2. It should be filled prior to the phone handover to the CBU and used during the verbal handover to ensure all information is safely shared.

<p>Health New Zealand Te Whatu Ora Maternity Clinical Handover Tool</p>		<p>NHI _____ WARD _____ SURNAME _____ FIRST NAME _____ GENDER _____ DOB _____ AGE _____ <small>(or affix patient label)</small></p>		<p>M A T E R N I T Y C L I N I C A L H A N D O V E R T O O L</p>
Name: _____		NHI: _____	Date: / / Time: _____	
Support person: _____		Bed Pending: Y / N / NA	CONFIRMED: Y / N	
I	IDENTITY	From: _____ RM/RN Location: _____		
		To: _____ RM Location: _____		
CBU closest to home: Y / N		Local Unit full: Y / N		
MĀMĀ / PARENT		PĒPI		
S	SITUATION	Gravida: _____ Parity: _____	Gestation: _____/40	
		Birth: NVB or KC / NBF / CS Reason: _____	Date: / / Time: _____	
		Labour: SP / IOL / AUG / Epidural	Weight: _____ gm Gap: _____ %ile	
		Placenta/membranes complete: Y / N	Baby name: _____	
		Perineum: _____	M / F Appgars: / /	
		Blood loss: _____ Hb: _____	Resus: Y / N	
PU / IDC / TOV: Y / N		NICU input: Y / N		
		Repeat lactate > 3mmol: Y / N		
B	BACKGROUND	Blood Group: _____ Rh: _____ Anti D: Y / N	Blood Group: _____ Rh: _____ DAT: _____	
		Diet: _____ Allergies: Y / N	Vit K: Y / N	
		Ethnicity: _____ Interpreter: Y / N	NBST done: Y / N TCB results: _____	
		FV history: Y / N MMH history: Y / N	History of GBS / PROM / MEC.	
		SW history: Y / N Alerts: Y / N	Q4H OBS: Y / N	
		Medication in pregnancy: _____	24-hour check done: Y / N	
Co-morbidity(s): _____		Pu'd: Y / N Pmec: Y / N		
A	ASSESSMENT	MEWS score: _____ Time: _____	NEWS/NOC score: _____ Time: _____	
		Fundus: _____ Lochia: _____	BF / EBM / PDM / AF SUDI Y / N	
		Prescription: Y / N	PDM supply: _____	
		MedChart: self-med Y / N or ceased Y / N	Y / N	
Own meds: _____		BF assist: Y / N		
		Time of last feed: _____		
R	RECOMMENDATIONS	ETA: _____		
		LMC (postnatal): _____ advised: Y / N		
		Analgesia prior to transfer: Y / N .Time: _____		
IF BED DECLINED FILE ISBAR IN RED AUDIT FOLDER				
COMPLETED BY:				
Name: _____		Date: / /		
Designation: _____		Signature: _____		