Guideline

Parents accompanying their baby on transfer

1 Scope

For use within the Acute Neonatal Transfer Service (ANTS) for the East of England.

2 Purpose

To provide a safe and efficient guide for the transfer of parents and guardians with their baby, whilst ensuring the safety of the baby, ANTS team and parents themselves.

3 Definitions and abbreviations

Bliss: Charity which aims to improve outcomes for premature and/or sick babies and their families by supporting research, innovation and national guideline development

DNAR: Do Not Attempt Resuscitation – a legal document, issued and signed by a senior doctor, confirming that cardiopulmonary resuscitation will not be commenced in the event of cardiac arrest.

4 Introduction

In accordance with the Neonatal Taskforce Document (2009) it is recommended where possible that parents/ guardians should have the opportunity to accompany their baby during transfer. The Bliss 'Transfer of premature and sick babies' report (2016) also highlights the importance of ensuring that all parents are as involved as possible if their baby needs to be transferred to try to minimise the stress and anxiety they feel over the transfer.

5 Decision-making regarding fitness to travel

This guideline applies only to the parents/ guardians of the baby. First priority and duty of care is to the baby. The ANTS team undertaking the transfer, in consultation with the wider team, must make a decision in each individual case, as to whether it is appropriate to transport one or both parents, or a nominated guardian with the baby in the ambulance. This decision is not made by the referring or receiving hospital alone and should be made collectively based upon the following considerations:

5.1 Health of the parent

- The mother should be medically discharged from midwifery/ obstetric care. A discussion should be held with the wider team as to the fitness of the mother to travel as the ANTS team is unable to provide midwifery care
- The parent/guardian must be independently mobile to access the ambulance and exit it in an emergency
- If the mother has had a caesarean section, complicated delivery or has not been medically discharged, it may not be appropriate for her to travel in the ambulance with the baby. It is then the responsibility of the midwifery team at the referring unit to arrange transfer of the mother. Exceptions to this, such as enabling a mother to travel if the baby is not expected to survive, will be made at the discretion of the covering consultant
- If the parent/ guardian is known to suffer from motion sickness, travelling in the ambulance can be disorientating and exacerbate this condition. The parent/ guardian should be advised not to travel in the ambulance if they suffer from severe motion sickness but for those with milder symptoms who wish to accompany their baby, consideration should be given to the most suitable place for them to sit eg in a forward facing position
- In the event that a parent becomes unwell during transfer the team should contact the ANTS consultant for advice. The ANTS consultant will then risk assess the options of continuing the journey to the receiving hospital, leaving the parent in a safe location, taking them to the nearest emergency department or calling an ambulance to attend. This decision will depend on multiple factors such as the clinical stability of the baby, distance from receiving hospital and the suspected nature of the parent's condition.

5.2 Security and safety

- The parent/ guardian must not have been physically or verbally abusive to the staff or have behaved in a threatening manner at any time
- Social issues must not pose a risk to staff or the baby, for example where emergency protection orders are in place
- If the parent/guardian has an existing or pre-existing medical or psychological condition which may be exacerbated by stressful situations, then transfer in the ambulance may not be advisable
- Parents usually prefer to travel in the back of the ambulance with their baby, but may be asked to sit in the front if more than one parent is travelling and/ or they are prone to motion sickness. They must remain seated at all times with their seat belt fastened and must endeavor not to distract the nurse/ doctor/ ANNP or driver during the transfer

- Parents should be advised that due to limited space within the ambulance where items can be safely secured, we are only able to carry luggage the size of a hand luggage bag/ small suitcase
- The parent(s)/ guardian(s) must sign a consent form prior to travel which will be kept with the transport documentation in line with Trust storage and retention policies.

5.3 The condition of the baby

- For emergency transfers, if the baby is felt to be at high risk of clinical deterioration en route it may be advisable to strongly encourage a parent/ guardian to travel with the baby. A discussion must take place around what may happen if the baby does deteriorate, the parent may be asked to go to the front of the ambulance and be supported by the driver whilst the doctor/nurse cares for the baby
- For palliative care transfers (eg to a hospice or home) or transfers of babies who have a DNAR in place, a parent/ guardian should be strongly encouraged to travel and a clear plan made prior to departure regarding what the team will do in the event of a clinical deterioration during transfer, such as stopping the ambulance in a safe location so that parents can cuddle baby.

5.4 Guardians in place of parents

Where neither parent is able to travel with the baby it may be possible following careful consultation with the wider team and receiving unit to take a guardian for the baby. This could be a grandparent, a close family member or close family friend. A discussion needs to be held as to whether the receiving unit will allow the guardian access to the baby on arrival.

It is important to explain to the parents that the guardian will not have any decision-making responsibilities and that the team will be guided by what is in the best interests of the baby should an emergency situation occur during the transfer or when the baby reaches the receiving unit.

6 Training

- In some cases it may be possible to transfer both parents with the baby, particularly, for example in the cases of planned emergencies. This will need to be discussed and is at the discretion of the ANTS team. If there is an observer out with the team on an accompanied shift or for training purposes, there may not be space for both parents to travel, but this should be accommodated wherever possible
- The neonatal taskforce document (2009) states the transfer should have adequate numbers of staff with the appropriate skills to provide a safe

service for babies. We will therefore need to prioritise staff training/induction over being able to transfer both parents

- Whilst every effort will be made to accommodate students and observers these will not take priority over the transfer of parents/ guardians.

7 Communication

- Prior to departure in all circumstances contact numbers should be obtained from both parents/ guardians. If the parents are unable to accompany the baby they should be contacted as soon as care has been handed over to the receiving team
- Ensure the parents/guardians are aware that alarms can be triggered by bumpy road conditions and staff will respond as appropriate. Also prepare them for the use of 'blue lights' if required
- Parents should be given:
  - An ANTS leaflet
  - Contact details and postcode/ directions of the receiving unit.

8 Monitoring compliance with and the effectiveness of this document

The effectiveness of the document will be monitored by review of any reported incidents via the lead nurse for risk. These incidents will be shared with the team and consideration given to adjusting the guideline if concerns are identified.

9 References

- Neonatal Taskforce Document (2009)
- Bliss Transfers of premature and sick babies (2016)
- Prevention and Management of Postpartum Haemorrhage, RCOG guideline, December 2016 **https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14178**

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Document management

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