



## Incident Reporting Communication Document: <27-week delivery in a centre without a NICU. (updated July 2021)

**\*PLEASE NOTE:** This **exception form** should be completed and submitted within **5 working days** of the incident and copies emailed to Neonatal ODN [kelly.hart5@nhs.net](mailto:kelly.hart5@nhs.net) the Maternity Clinical network [england.maternitycn@nhs.net](mailto:england.maternitycn@nhs.net) and the relevant **Local Maternity and Neonatal system**:

**Bedford, Luton & Milton Keynes** (Bedfordshire Hospitals Trust – Bedford & Luton sites, Milton Keynes) : [blmkccg.blmk-lms@nhs.net](mailto:blmkccg.blmk-lms@nhs.net) & [Hemasutton@nhs.net](mailto:Hemasutton@nhs.net)

**Cambridge & Peterborough** (North West Anglia & Cambridge):  
[CAPCCG.ChildrenAndMaternity@nhs.net](mailto:CAPCCG.ChildrenAndMaternity@nhs.net)

**Herts & West Essex** (East & North Herts, Princess Alexandra, West Herts):  
[Mary.dollimore@nhs.net](mailto:Mary.dollimore@nhs.net) & [Jacki.dopran1@nhs.net](mailto:Jacki.dopran1@nhs.net)

**Mid & South Essex** (Basildon, Mid Essex, Southend) :  
[meccg.localmaternityandneonatalssystem@nhs.net](mailto:meccg.localmaternityandneonatalssystem@nhs.net)

**Norfolk & Waveney** (Queen Elizabeth, Kings Lynn, Norfolk & Norwich, James Paget) :  
[nwccg.lmsshared@nhs.net](mailto:nwccg.lmsshared@nhs.net)

**Suffolk & NE Essex** (East Suffolk & North Essex, West Suffolk):  
[Helen.bowles4@nhs.net](mailto:Helen.bowles4@nhs.net)

Maternity Unit Name:			
Infant details including Badgernet Number and Initials:		Woman / Birthing person's details including NHS number	
Date / time of admission of Woman / Birthing person:	Date / time of Initial review:	Date/ Time of birth:	
	Date/ Time of Obstetric review:	Gestation at Admission /40 Gestation at Birth /40	
Mother' ethnic origin		Father' ethnic origin	
<b>Were efforts made to undertake an in- utero transfer prior to delivery?</b>			Yes    No
<b>If unsuccessful or not possible which of the following statements apply</b>			Please tick
Tertiary NICU unable to accept.			
Tertiary Obstetric service unable to accept.			
Delivery occurred prior to transfer.			
Maternal condition unsafe for transfer.			
Delivery indicated immediately.			
Woman / birthing person declined transfer (please give details of reason for decline).			
Who was the transfer discussed within the initial hospital? (obstetric consultant, neonatal consultant, senior midwife labour ward, NNU in charge)			
Other reasons:			
Please make any comments regarding the above points:			
<b>Prior to delivery did communications take place with:</b>			Yes    No
<b>Tertiary centre NICU consultant</b>			
<b>Senior Obstetrician of receiving unit</b>			
<b>Senior Midwife on labour ward of the receiving unit</b>			
<b>Senior Nurse of the receiving unit</b>			
If no, please give details why not:			

<b>Were there any risk factors for preterm birth identified during the pregnancy, or present but not identified at antenatal appointments. If yes was a referral to the preterm birth clinic made, in line with the Saving babies lives care bundle v2 and a personalised care plan in place?</b>	Yes	No
Please give details:		
<b>Had the women contacted day assessment unit, triage, delivery suite her CMW or GP with any concerns or symptoms that suggest pre-term birth within the two weeks prior to admission?</b> <b>To include, but not limited to:</b> <b>Contractions</b> <b>Abdominal pain</b> <b>Backache</b> <b>Urinary symptoms</b> <b>Vaginal spotting or bleeding</b> <b>Vaginal discharge- watery or offensive</b>	Yes	No
If yes, what were they? please include who was contacted, the advice and plan of care and the role and grade of the member of staff giving the advice.		
<b>Has the event been reported as clinical incident within your Trust / reported via datix?</b>	Yes	No
If yes, has it been reviewed locally, and any actions identified?	Yes	No
Please give details of learning points raised from the review (if a more detailed review will take place please include immediate learning points below and update once full review undertaken):		
Name / title of reviewer(s):  Maternity:  Neonatal:		

<b>Incident Reported by:</b>	
Name and Title:	Date:
Organisation:	