

The different Levels of Neonatal Care

Special Care Baby Unit (SCBU, Level 1)

For babies who require the most straightforward level of neonatal care which may include; minimal breathing support, help with feeding, treatment for jaundice and/or additional monitoring of heart rate and breathing plus any recovery and convalescence from other care. The majority of babies born after 30-32 weeks gestation will receive all of their care in a SCBU.

Local Neonatal Unit (LNU, Level2)

For babies who require and special care needs, as above, as well as short term breathing support via a breathing machine (e.g. ventilator), and/or higher level of feeding and nutrition support. Babies born at or after 27 weeks gestation will often receive all of their care in an LNU.

LNU's provide care for their local population. They also provide care for babies referred by their Network, if they fulfil the criteria for admission to this level of unit.

Neonatal Intensive Care Unit (NICU, Level 3)

Provides all levels of care required, as above as well as a range of highly specialist medical care and expertise. Some units specialise in surgery and/or looking after specific conditions. They provide care for their local population as well as additional care for babies who are referred by other neonatal units.

Babies that are likely to be born before 27 weeks gestation or less than 800kg birth weight should be transferred to and NICU centre for delivery and to receive their initial period of intensive care in this unit.

Clusters

Cambridge Cluster

NICU; Addenbrookes

LNU; Broomfield, Colchester, Harlow (Princess Alexandra) and Peterborough

SCBU; Hinchingsbrooke and West Suffolk

Luton Cluster

NICU; Luton and Dunstable

LNU; Lister and Watford

SCBU; Bedford

Norwich Cluster

NICU; Norfolk and Norwich

LNU; Ipswich and Queen Elizabeth (Kings Lynn)

SCBU; James Paget

Basildon and Southend feed into the London Network

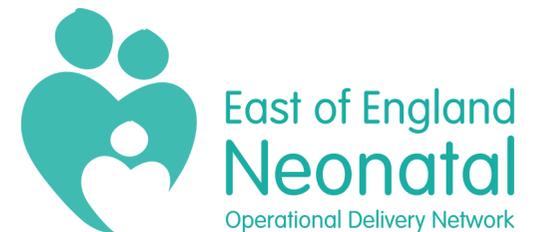


East of England In Utero Policy

Disclaimer: This booklet has been adapted from the London Neonatal ODN In-Utero transfers booklet.



Transferring your care to ensure your baby is born in the right place



Collaborative working to deliver high quality care to our babies and their families

In the East of England network it is normal for hospitals to work closely together to ensure your baby is born in the right place.

The East of England Neonatal Operational Delivery Network (ODN) is committed to improving the number of in utero transfers to optimise care and improve outcomes.



The aims of the Network are:

- For mothers and babies to receive the care they need in the right place, as close to home as possible.
- To give families consistent and high quality information and support, and involve them in the care they receive
- To promote and share best practice



Why an In Utero Transfer?

If your baby is likely to be born prematurely or sick it is important that you and your baby are in the best place to access specialist care.

This may require transferring you, before your baby is born to a specialist neonatal unit.

In these situations the medical team would transfer your care to another hospital. This may be for various reasons. Should this happen the team will discuss available options with you.



Transfer before baby is born

At the early stage of pregnancy, mothers are usually booked for maternity care at their local hospital. These hospitals all have neonatal services that are able to provide immediate, emergency care for babies who are born unexpectedly premature or sick. However, not all hospitals have the right level of on-going care your baby may need; if this is the case then you may be transferred to a specialist unit before baby is born*. Your baby will then stay there until they are stable and improving. It is better for your baby to be transferred before your baby is born if at all possible. However, if this is not possible then your baby will be transferred by the specialist Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) after birth.

*Occasionally, you may not deliver after transfer. If this is the case, then you may be discharged home or transferred back to your local hospital for continued care.

Transferring to your local hospital for continuing care

Once your baby no longer requires specialist medical, surgical or nursing care, your baby will be transferred back to a hospital closer to home (this then helps other babies to access specialist care). This is usually your local hospital, however occasionally it may be an alternative hospital (but still close to home), if your local hospital is unable to accommodate your baby.

It is important for your baby's care to be transferred back to your local hospital. This allows the team to get to know you and your baby, as your local hospital will be providing continuing care and follow up after your baby is discharged home.

The specialist Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) or local ambulance service, with a nurse and/or doctor, will transfer your baby back to your local hospital when your baby is ready.