# C:\Users\Liz\Downloads\ODN NHS logo (1).png C:\Users\Liz\AppData\Local\Microsoft\Windows\INetCache\Content.Word\large map.jpg

# East of England Regional Maternity Team

# 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 and **copies emailed** to **Neonatal ODN** [**kelly.hart5@nhs.net**](mailto:kelly.hart5@nhs.net)and [polly.basak@nhs.net](mailto:polly.basak@nhs.net)

**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): [Michelle Braithwatie m.wells.braithwaite@nhs.net](mailto:Michelle%20Braithwatie%20%20m.wells.braithwaite@nhs.net) & [Jacki.dopran1@nhs.net](mailto:Jacki.dopran1@nhs.net)

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

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

**Suffolk & NE Essex** (East Suffolk & North Essex, West Suffolk):

[Helen.bowles4@nhs.net](mailto:Helen.bowles4@nhs.net)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Maternity Unit Name: West Hertfordshire Hospital Trust. Watford Hospital. | | | | | | | | |
| Infant details including Badgernet Number and Initials:  NHS: | | Woman / Birthing person’s details including NHS number | | | | | | |
|  | |  | | | | | | |
| Date / time of admission of Woman / Birthing person: | | Date / time of Initial review:  Date/ Time of Obstetric review: | | Date/ Time of birth: | | | | |
| Gestation at Admission  Gestation at Birth | | | | |
| Mother’ ethnic origin |  | | Father’ ethnic origin | |  | | | |
| **Were efforts made to undertake an in- utero transfer prior to delivery?** | | | | |  |  | | |
| **If unsuccessful or not possible which of the following statements apply** | | | | | 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). | | | | |  | | | |
| BBA Outside of building | | | | | | | | |
| Other reasons: | | | | | | | | |
|  | | | | | | | | |
| **Prior to delivery did communications take place with:** | | | | |  | | |  |
| **Tertiary centre NICU consultant** | | | | |  | | |  |
| **Senior Obstetrician of receiving unit** | | | | |  | | |  |
| **Senior Midwife on labour ward of the receiving unit** | | | | |  | | |  |
| **Senior Nurse of the receiving unit** | | | | |  | | |  |
| If no, please give details why not: | | | | | | | | |
| **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?** | | | | |  | | |  |
|  | | | | | | | | |
| **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?**  **To include, but not limited to:**  **Contractions**  **Abdominal pain**  **Backache**  **Urinary symptoms**  **Vaginal spotting or bleeding**  **Vaginal discharge- watery or offensive** | | | | |  | | |  |
| 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. | | | | | | | | |
| **Has the event been reported as clinical incident within your Trust / reported via datix?** | | | | |  | |  | |
| If yes, has it been reviewed locally, and any actions identified? | | | | |  | |  | |
| 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): | | | | | | | | |

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| --- | --- |
| **Incident Reported by:** | |
| Name and Title: | Date: |
| Organisation: | |