#  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**and polly.basak@nhs.net

**Maternity Clinical network** **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 & Hemasutton@nhs.net

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

**Herts & West Essex** (East & North Herts, Princess Alexandra, West Herts): Michelle Braithwatie m.wells.braithwaite@nhs.net & Jacki.dopran1@nhs.net

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

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

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

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:  |