



Guideline

In-utero cot/ bed locating by the Emergency Bed Service (EBS)

1 Scope

For use within the Emergency Bed Service (EBS) for the East of England.

2 Purpose

To locate cots/ beds wherever possible within the network and/ or the region for in-utero transfers.

3 Abbreviations

PaNDR	Paediatric and Neonatal Decision Support and Retrieval Service
EBS	Emergency Bed Service
NICU	Neonatal intensive care unit

4 Method

- Document demographic details and basic clinical information relating to the pregnancy on an in-utero referral sheet.
- If any uncertainty regarding referral requests discuss with the PaNDR consultant/ lead nurse.
- Telephone the neonatal unit at the most appropriate hospital first (see [appendix 1](#)), if a cot is available then telephone the delivery unit to confirm bed availability.
- Once a cot and bed are confirmed, telephone the referring delivery unit and ask them to liaise directly with the receiving unit to arrange transfer of the woman.
- Always try to locate cots/ beds at a network hospital first, the networks within the East of England are outlined below:

4.1 Luton Cluster

- Luton and Dunstable is the lead neonatal intensive care unit for the network.



- There is no surgical centre within the Luton cluster network, so a cot should initially be sought at the NICU identified in the antenatal plan. If this unit is unable to accept, contact the nearest surgical unit.
- The network also includes Watford, Lister and Bedford hospitals.

4.2 Cambridge Cluster

- Addenbrooke's is the lead Neonatal Intensive Care Unit for the network, offering surgical and medical cots.
- The network also includes Hinchingsbrooke, Peterborough, West Suffolk, Chelmsford, Colchester and Harlow hospitals.

4.3 Norwich Cluster

- The Norfolk and Norwich is the lead neonatal intensive care unit for the network, offering surgical and medical cots.
- The network also includes King's Lynn, Ipswich and James Paget hospitals.

4.4 North East London Cluster

- Although part of the East of England region, the neonatal units at Basildon and Southend hospitals are in the London North Central and East Neonatal ODN.
- The lead neonatal intensive care units for the network are the Royal London which offers both medical and surgical cots and the Homerton which is a non-surgical unit. If neither of these units have cots/beds available then telephone the nearest appropriate unit for the level of care that the baby is likely to require.

If unable to locate a cot/bed within the appropriate network, telephone the referring unit and explain that there are no cots/ beds available in the network and clarify if they want EBS to try the other units declaring cots within the East of England region.

Always document all conversations and names of personnel making the referral and involved in any ongoing conversations.

If unable to locate a cot/ bed within the East of England region, telephone the referring unit and explain that there are no cots/ beds available and clarify with the obstetric consultant and/ or midwife in charge if they want to continue to try and find cots/ beds outside of the East of England region:



- If **yes** document the discussion and possible distances involved.
- If **no** document the names of personnel including the consultant cancelling the request to find a bed/ cot.
- If no cot/ bed can be located, call the referring unit back and explain there is currently no availability and that we will call them back after 6 hours to see if they still require the transfer and if so we will cot/ bed locate again.
- After 4-6 hours, liaise with the referring unit and document whether or not the transfer was completed, stating the reason if the transfer was not completed.

The obstetric consultant must be involved in all discussions and in particular must agree to any transfer out of region.

The name of the consultant and all other personnel involved in the transfer must be documented.

The referral paperwork should then be stored in the in-utero folder. After 3 days, a telephone call should be made to the receiving unit to enquire whether the woman has delivered or not and if not, whether she remains an inpatient. If she is still an inpatient, telephone again seven days after the original referral for a further update.

Information regarding the in-utero referral, including the outcome should be entered onto the in-utero transfer record (electronic database) which is stored in the neonatal transport drive. The paperwork can then be moved into the folder of completed in-utero referrals.

5 Monitoring compliance with and the effectiveness of this document

The transport team will periodically monitor that the guideline is being adhered to by review of notes/ referral forms. The results will be presented to the senior team at a governance meeting.

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

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Document management

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Pharmacist:	n/a		
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Appendix 1: NICU natural pathways: Surgical and neonatal referrals

