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## 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 region.

#### 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
LNU	Local neonatal unit
SCU	Special care unit

#### Background

To improve neonatal outcomes the national guidance is that all maternity units with a SCU should transfer women in labour with pregnancy between 27 and 30 weeks who are < 1kg and multiple birth <32 weeks to their LNU and maternity units with a SCU/ LNU should transfer women in labour with pregnancy < 27 weeks, multiple births < 28 weeks and/ or < 800g to a maternity unit with a NICU (NHS England, 2024).

In Utero Transfers may also be required other reason including:

- Antenatal diagnosis requiring surgical or cardiac postnatal care
- Maternal, foetal or neonatal care requiring specialist medical care where urgent delivery is indicated (e.g. a woman requiring specialist haematological services)
- Bed/cot capacity or staffing concerns



## **4 Method**

- Document demographic details and basic clinical information relating to the pregnancy on an in-utero referral sheet.
- Telephone the neonatal unit at the most appropriate hospital first (see [appendix 1](#)). This may not always be within cluster if an individualised antenatal plan has been agreed which requires specialist care.
- If any uncertainty regarding referral requests please discuss with the Neonatal PaNDR consultant.
- 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.
- If a cot and bed has been confirmed, allow time for transfer to complete and then telephone the referring unit and document whether or not the transfer was completed, stating the reason if the transfer was not completed, this should be done prior to the end of the EBS shift or within 6 hours (whichever is sooner).
- Always try to locate cots/ beds in the appropriate the Cluster group hospital first, the Clusters within the East of England are outlined below:

### **4.1 Luton Cluster**

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

### **4.2 Cambridge Cluster**

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



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#### **4.3 Norwich Cluster**

- The Norfolk and Norwich is the lead Neonatal Intensive Care Unit for the cluster, offering surgical and medical cots.
- The cluster 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 cluster 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 cluster group hospital, try the other appropriate level hospitals 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 normal pathway, 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. Confirm the mother has been informed and asked the distance she would be prepared to travel and that the medical team deem her safe to travel:

- 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 outside the East of England region within the specified distance, call the referring unit back and explain there is currently no availability, ask if they still require the transfer and the distance the mother is prepared to / safe to travel.
- If **yes** continue to cot /bed locate within the specified distance. If all hospitals within the specified distance have no cot / bed and a cot/bed is still required ring cluster group hospital again and explain situation as capacity may have changed.



- Continue to look for a cot updating the referring hospital every 6 hours until either a cot/bed is located, the referral is withdrawn, or the baby has delivered.

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

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 7 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.

## **Disclaimer**

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

## **Document management**

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## Appendix 1: NICU natural pathways: Surgical and neonatal referrals

