

**WASHINGTON ADVENTIST HOSPITAL  
WOMEN'S SERVICES  
POLICY AND PROCEDURE**

Effective Date: 4/13  
Comments:  
Reviewed:  
Revised: New

Policy: WWS.9170  
Origin: Women's Svcs  
Approved: 3/13  
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**MATERNAL/NEWBORN TRANSFER TO A HIGHER LEVEL OF CARE**

**SCOPE: All of Women's services**

**I PURPOSE: To establish guidelines and criteria for the safe transfer of a mother and/or newborn from our facility to a facility that can provide a higher level of care.**

**II DEFINITIONS: A communication system, which provides receiving physician with appropriate verbal and written information pertaining to the mother/neonate being transferred between health care facilities. To ensure that the receiving facility has the information required to begin caring for the patient when the patient arrives at the facility and to assure the continuity of care for patient safety and to minimize the potential for errors in handing off**

**III POLICY: In the event a patient transfer is needed Shady Grove Adventist Hospital (SGAH) will be contacted first. If Shady Grove is unable to accept the patient calls will be made by the OB/Pediatrician to another facility based on the care needed.**

**IV PROCEDURE:**

- A Once a decision to transfer is made the charge nurse and nursing supervisor should be notified by the patient's primary nurse.
- B For a Maternal transfer to SGAH
  - 1 The Labor and Delivery charge nurse will contact the Labor & Delivery charge nurse at SGAH
  - 2 Transferring OB will give report to receiving OB
  - 3 Patients primary nurse will fill out the Transfer SBAR form (see attached) and fax it to SGAH Labor & Delivery
  - 4 Call to arrange transport
  - 5 Make a copy of the complete chart for SGAH
- C For a Maternal transfer to a facility other than SGAH
  - 1 The OB will call the OB at other facilities to request transfer
  - 2 Once the transfer request has been accepted the charge nurse will call the L&D charge nurse at the receiving facility to give a brief report on the patient.
  - 3 Call to arrange transport
  - 4 Complete the ED/MCH Transfer/Transport to another facility form
- D For Newborn transfer to SGAH
  - A. For Newborn transfer to SGAH**
    - 1 .Pediatrician will order transfer after consultation with neonatologist at tertiary facility. The transferring Neonatologist/Pediatrician gives report to SGAH Neonatologist/Pediatrician
    - 2. The Special Care Nursery (SCN) RN will verify that the transfer order is written and Physician's order is signed and contacts SGAH Charge Nurse Neonatal Intensive Care Unit (NICU).She fills out the Transfer SBAR form and faxes it to SGAH NICU

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3. Unit 3100 Charge Nurse will call the Nursing Supervisor to alert the Supervisor of transfer and mode.
4. Print the face sheet for the transport team
5. Make copy of the complete mother and baby's chart for SGAH.
6. Ensure parents consent to transfer and obtain parents' contact details
7. Encourage parents to visit with baby in nursery while awaiting transport team arrival and for reassurance of baby's safety and well being. Involve family and answer questions. Provide hospital information and directions, including contact details of accepting hospital to make transition easier
8. Provide emotional support as indicated; refer to Chaplain Care if appropriate. Contact the family clergyman if requested.
9. Take Polaroid picture of infant and give to parents (where applicable).
10. Record and document a minimum of: Vital Signs, including non-invasive Blood pressure and O2 Saturation, Weight, Length, and Head and Chest Measurements.
11. Assemble CD of relevant X-rays along with chart if available.
12. Remove EBM from freezer on leaving the unit.
13. Prepare baby's belonging for transfer. For example baby's Teddy bear
14. SCN RN will perform and document Neonatal Metabolic Screen
15. SCN RN will notify attending Obstetrician of baby's transfer to another facility
16. SCN RN will remove ID bracelet from baby in parents' presence, per identification procedure, and attach it to the Newborn Identification Sheet.
17. Note on chart the time transport team arrives to assume responsibility for baby and departure time.
18. Give transport team an update and report on baby, including lab reports, medications, IVs given, and current vital signs.
19. Good documentation and communication is an essential component of transportation, both for clinical and audit purposes. Parents will be kept up to date with progress and proposed plans.

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20. Inform bed control of the transfer including the MD responsible for the transfer, baby's diagnosis, the reason for transfer, the receiving facility and the MD accepting the baby.
21. Discharge baby in the system stating reason for baby's trans to another facility
22. Record information in Newborn transport log.

### **For Newborn transfer to a facility other than SGAH**

1. Follow same procedure from # 4 through 22 above
  2. Once the team leaves with the baby, the primary nurse should call the NICU Charge Nurse at the receiving facility to inform her that the patient is in route and to give a detailed report
- E Make a copy of the complete chart for the receiving facility  
F Print a face sheet for the transport team  
G The primary L&D nurse should give report to the transport team  
H Once the team has left with the patient the primary nurse should call the charge nurse at the receiving facility to inform her that the patient is in route and to give a detailed report  
I Put the patient's information into the transfer log.

## **Non-Acute Back Transfers to SCN**

Prior to accepting a baby complete liaise with consultant and decision with multidisciplinary team agreement that infant is clinically suitable for back transfer. All transfers must be accompanied by written medical and nursing summaries and handover documentation, and there must be verbal handover between the teams at each stage of the transfer.

### **Criteria for Back Transfer**

Babies must meet the following set criteria, before back transfer can be considered.

#### **Gestational age more than 32weeks**

- **Weight more than 1500 grams**
- Less than 2 liters Nasal Cannula if on respiratory support
- Less than 30% oxygen requirements with satisfactory blood gases
- No major Apneas
- At least one po feeding in 24 hour period
- Satisfactory stable condition
- Bed availability

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### **The Process**

1. Prepare a warmer/Isolette to receive the baby
2. Once the transport team arrives, check the Identification bands with the Transport Nurse
3. If the infant has had a particularly difficult or complicated course of care, medical staff at the transferring unit must give a more detailed hand-over of care
4. Obtain initial Vital signs . Perform initial and ongoing assessments.
  - a. Do a head to toe examination.
  - b. Observe the infant for any changes in condition, including his/her response to the stress of transport.
5. Document an admission note, the clinical status of the baby and the time of arrival in medical and nursing notes.
6. Good documentation and communication is an essential component of transportation, both for clinical and audit purposes. Keep parents informed with progress and proposed plan of care. Make them as comfortable as possible.
7. Inform bed control of the transfer including the MD responsible baby's diagnosis, the reason for transfer, and the facility that transferred the baby.

### **REFERENCES:**

Altimier, L., Brown, B. And Tedeschi, L. (2006). Transport *NANN Guidelines for Neonatal Nursing Policies, Procedures, Competencies, and Clinical Pathways*. p.193-204. Glenview: National Association of Neonatal Nurses.

Hansmann, G. (2009). Neonatal Emergencies; A Practical Guide for Resuscitation, Transport, and Critical Care of Newborn Infants. p. 494 - 500. New York: Cambridge University Press

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**SBAR Report for Transfer to SGAH**

**S:**  
Name \_\_\_\_\_  
Gestational Age \_\_\_\_\_  
Issue necessitating transfer \_\_\_\_\_  
\_\_\_\_\_

**B:**  
Pertinent OB History \_\_\_\_\_  
\_\_\_\_\_  
Pertinent Health History \_\_\_\_\_  
\_\_\_\_\_

**A:**  
Age \_\_\_\_\_  
G/P \_\_\_\_\_  
Vital signs:  
FHR Assessment \_\_\_\_\_/BPP \_\_\_\_\_  
B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_  
Dilatation/ Effacement/ Station \_\_\_\_\_ If PROM: spec exam \_\_\_\_\_  
Membrane status \_\_\_\_\_  
Medications \_\_\_\_\_  
\_\_\_\_\_

**R:**  
In need of transfer by: Ambulance \_\_\_\_\_ Helicopter \_\_\_\_\_  
Transferring Physician \_\_\_\_\_  
Accepting Physician \_\_\_\_\_  
Report given by (Transferring RN) \_\_\_\_\_  
Report taken by (SGAH RN) \_\_\_\_\_

Signature:  
(Transferring RN) \_\_\_\_\_ Date/Time \_\_\_\_\_  
  
(Transferring MD) \_\_\_\_\_ Date/Time \_\_\_\_\_

- Directions for transfer:
1. Call Shady Grove Adventist Hospital Labor and Delivery Triage Nurse by calling Vocera (240-826-6611) and say: "call Labor and Delivery Triage Nurse." This call will go directly to her Vocera phone.
  2. L&D Triage Nurse will immediately get the OB Laborist to take report and accept transfer from transferring MD
  3. Fax this report to Shady Grove Adventist Hospital Labor and Delivery Unit (240-826-6200)
  4. Transferring RN call SGAH receiving RN (240-826-6386) with report