# Scottish Perinatal Network Transport Group

## Pathway for the Transfer of Women from Community Maternity Units in an Extreme Obstetric Emergency

## DOCUMENT CONTROL SHEET

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*DISCLAIMER: The recommendations in this guideline represent the view of the Network, arrived at after careful consideration of the evidence available. When exercising their clinical judgement, healthcare professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of women or people using their service. It is not mandatory to follow the guideline recommendations and it remains the responsibility of the healthcare professional to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.*

**INCLUSIVE LANGUAGE: The terms woman/women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All healthcare services should be respectful and responsive to individual needs, and all individuals should be asked how they wish to be addressed throughout their care.*

# Pathway for the Transfer of Women from Community Maternity Units in an Extreme Obstetric Emergency

**CMU colleague calls ScotSTAR Specialist Service Desk (SSD)**
**03333 990 222**

**State**: "This is an extreme obstetric emergency in the CMU in xxxx. A conference call is required with the on-call obstetric consultant at the maternity unit in xxxx. The gestational age is xxxx weeks".

A conference call will be arranged by SSD with obstetric colleagues at the parent CLU to support immediate care requirements and provide a multidisciplinary discussion on transfer requirements and destination. If the consultant is not available, the on-call registrar may take the call. ScotSTAR neonatal or adult transport/retrieval clinicians, or other colleagues will be included as indicated by the circumstances.

The CMU Midwife/HCP may continue to provide care whilst the conference call is arranged and be called into the conference call when it starts. If there is any delay in arranging the conference call, or transport is delayed, they may contact the receiving unit directly for support in providing care.

It is the responsibility of SSD (in conjunction with ScotSTAR clinicians) to decide on the best mode and means of transfer and to arrange the transport. Clinical discussion may continue while logistical arrangements are being made. Transfer to the nominated receiving unit will not be delayed by the availability of neonatal cots, maternal beds or ongoing workload in any unit.

Clinicians from the CLU will provide remote support to The CMU Midwife/HCP to optimise the condition of the patient for transfer while simultaneously coordinating with ScotSTAR about transport.

For guidance on transport of neonates, please see Accessing Support and Transfer of Newborn Infants delivered in CMUs to Neonatal Units and Maternity Units

## 1. PURPOSE

Safe, timely transfer from a standalone Community Midwifery Unit (CMU) to obstetric care requires effective multidisciplinary working. The purpose of this document is to provide an easy-to-use pathway for the care of women* requiring transfer from a CMU to a Consultant Led Unit (CLU) in an extreme emergency. This has been developed through consensus involving a range of healthcare professionals (HCPs).

The pathway relies on a comprehensive assessment of maternal and fetal status by HCPs in the referring centre (including vaginal examination and cervical assessment where appropriate) and is based on the key principles of ongoing clinical assessment, good communication, and that transport occurs in a timely and appropriate way. A key factor will be whether the woman is critically unwell or is at risk of becoming so during the period of any transfer.

## 2. DEFINITION: WHAT IS CONSIDERED AN EXTREME EMERGENCY?

Extreme emergencies before birth includes, but is not limited to:

- Antepartum haemorrhage with ongoing bleeding and/or maternal shock
- Fulminating pre-eclampsia or eclampsia
- Maternal sepsis
- Fetal monitoring indicating fetal distress
- Confirmed preterm labour <37 weeks gestation
- Malpresentation in established labour
- Concerning delay in the second stage of labour
- Cord prolapses
- Shoulder dystocia

Extreme emergencies after birth includes, but is not limited to:

- Postpartum haemorrhage with ongoing bleeding and/or maternal shock
- Maternal collapse

**However, the clinical assessment and decision of the midwife/HCP in the CMU should be respected and ultimately overrides the opinion of all other professionals/agencies and all other assessment tools.**

## 3. IN AN EXTREME EMERGENCY, WHO SHOULD THE CMU MIDWIFE/HCP CONTACT?

- The Midwife/HCP in the CMU will call the ScotSTAR Emergency line (**03333 990 222**) and reach the Specialist Service Desk (SSD) in the Ambulance Control Centre.
- State "*This is an extreme obstetric emergency in the CMU in XXXXX. A conference call is required with the on-call obstetric consultant at the maternity unit in XXXXX. The gestational age is XX weeks*". You will be asked to give brief details.

- A conference call will be arranged by SSD with obstetric colleagues at the parent CLU to support immediate care requirements and provide a multidisciplinary discussion on transfer requirements and destination. If the consultant is not available, the on-call registrar may take the call. ScotSTAR neonatal or adult transport/retrieval clinicians, or other colleagues will be included as indicated by the circumstances.
- The Midwife/HCP may continue to provide care whilst the conference call is arranged and be called into the conference call when it starts. If there is any delay in arranging the conference call, or transport is delayed, the Midwife/HCP may contact the receiving unit directly for support in providing care.
- It is the responsibility of SSD colleagues (in conjunction with ScotSTAR clinicians) to decide on the best mode and means of transfer and to arrange the transport. Clinical discussion may continue while logistical arrangements are being made.
- Transfer to the nominated receiving unit will not be delayed by the availability of neonatal cots or maternal beds or the ongoing workload in any unit.
- The receiving unit should have an agreed process for responding to an extreme emergency at a CMU and agreed terminology.
- Clinicians from the CLU will provide remote support to CMU colleague(s) to optimise the condition of the woman for transfer while simultaneously coordinating with ScotSTAR about transport.

## 4. Is it always appropriate to arrange a transfer in an extreme emergency?

In an extreme emergency, when immediate transfer to a CLU is indicated, but the woman is critically unwell and clinically too unstable to undergo transfer and/or risk of birth in transit is too high and/or weather restrictions or other logistical challenges prevent transfer, immediate and ongoing resuscitation and stabilisation will be performed in the CMU. Any decision to delay transfer until the woman is as stable as it is possible to achieve within the CMU will be made jointly by the HCPs in the CMU, ScotSTAR, and the receiving CLU. The involvement, advice and support of HCPs from the CLU will continue while arrangements are made to safely transfer the woman and baby by road and/or air.

Situational factors such as distance to the receiving unit, likely journey time, woman safety, weather conditions and available transport and facilities (e.g., staff, skills, equipment) within the CMU, need to be considered. Multidisciplinary discussion involving, for example, midwives, obstetricians, neonatologists, the Scottish Ambulance Service/ScotSTAR will facilitate shared decision making to support the midwife/HCP in the CMU. Videocall support (e.g., via Teams, GoodSAM, NHS Near Me), may be helpful and may be facilitated by SSD.

To the extent possible, the midwife/HCP should communicate honestly with the woman and their partner about arrangements and any delays. This should be a continuation of discussions earlier in pregnancy about need to present early with any concerns and possible logistics of transfer should an emergency situation arise in a remote or rural location.

## 5. IN AN EXTREME EMERGENCY, WHERE SHOULD THE WOMAN BE TRANSFERRED?

Each CMU in Scotland will have a nominated receiving unit.

For pre-term births (usually ≥22+0 and <27 weeks for single, and ≥22+0 and<28 weeks for multiple, pregnancies), transferring the woman to a maternity unit with co-located neonatal intensive care unit (NICU) facilities should be considered, rather than the nominated receiving unit, provided transport there does not compromise maternal life and health.

*Note: Royal Alexandra Hospital and Raigmore have a customised definition of pre-term birth (≥$22^{+0}$ and <28 weeks for single, and ≥$22^{+0}$ and<29 weeks for multiple, pregnancies)*

The most appropriate NICU for each circumstance should be agreed on a case-by-case basis through multidisciplinary discussion and each woman's informed choices.

| ***CMU*** | ***Nominated Receiving Unit:*** | ***Nominated Receiving Unit for pre-term births:*** |
|---|---|---|
| Barra<br>Benbecula<br>Campbeltown<br>Dunoon<br>Inverclyde<br>Islay<br>Jura<br>Lochgilphead<br>Oban<br>Rothesay (Isle of Bute)<br>Smaller West Coast Islands<br>Tiree<br>Vale of Leven<br>Western Isles | Paisley Maternity Unit – Royal Alexandra Hospital<br><br>*Note: In some circumstances, Western Isles Hospital, Stornoway, could receive transfers from Barra or Benbecula if time does not allow transfer to a mainland centre.* | Queen Elizabeth University Hospital |
| Arran | Ayrshire Maternity Unit – University Hospital Crosshouse | Queen Elizabeth University Hospital |
| Stranraer | Dumfries & Galloway Royal Infirmary | Queen Elizabeth University Hospital |
| Inverurie<br>Orkney<br>Peterhead<br>Shetland | Aberdeen Maternity Hospital | Aberdeen Maternity Hospital |
| Arbroath<br>Perth | Ninewells Hospital | Ninewells Hospital |
| Fort William<br>Skye<br>Wick<br>Elgin | Raigmore Hospital | Aberdeen Maternity Hospital or Queen Elizabeth University Hospital |

## 6. In an extreme emergency, how long might an air ambulance transfer take?

The table below is intended to **estimate 'reasonable minimum'** transfer times, subject to the factors detailed below.

| Rural centre (from) | Referring centre (to) | Road transfers | | Helicopter[1] | | Fixed-wing | Approx. landing site transfer time | | Helicopter | Fixed-wing |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Distance (miles) | Approx. Drive time (mins) | Approx. total flying time (mins) | | | Referring centre | Receiving centre | Approx. total transfer time[2] (day/night) | |
| Shetland (Gilbert Bain) | Aberdeen | | | | | 100 | 35 | 15 | | 210 |
| Orkney (Balfour) | | | | 80 | Inverness | 80 | 10 | | 135/165 | 165 |
| Wick | Raigmore | 104 | 135 | 60 | | 55 | 10 | 20[3] | 105/135 | 145 |
| Broadford | | 88 | 120 | 60 | | | 10 | 5 | 105/135 | |
| Fort William (Belford) | | 67 | 110 | 50 | | | 10 | | 95/125 | |
| Elgin | | 37 | 60 | | | | | | | |
| | Aberdeen | 65 | 100 | | | 40 | 10 | 15 | | 125 |
| Stornoway[4] | Glasgow | | | | | 100 | 10 | 15 | | 185 |
| Benbecula | | | | | | 90 | 5 | | | 170 |
| Oban | Paisley | 91 | 140 | 60 | Glasgow | | 5 | 10 | 105/135 | |
| Dunoon (road) | | 72 | 110 | 30 | | | 10 | | 80/110 | |
| Dunoon (ferry) | | 27 | 90 | | | | | | | |
| Lochgilphead | | 81 | 120 | 50 | | | 5 | | 95/125 | |
| Campbeltown | | 131 | 180 | 50 | | 40 | 10[3] | | 85/110 | 120 |
| Rothesay (ferry) | | 33 | 105 | 40 | | | 5 | | 85/115 | |
| Millport (ferry) | Crosshouse | 29 | 10 | 25 | | | 5 | 5 | 65/95 | |
| Arran (ferry) | | 34 | 120 | 30 | | | 15 | | 80/110 | |
| Stranraer | Dumfries | 69 | 90 | 60 | | | | 5 | 95/125 | |

1. SAS Helicopters are based at Glasgow (GLA, Helimed 5) and Inverness (INV, Helimed 2)

2. Total transfer time = time to airborne + flight times + transfers to + from landing sites

3. Transfer time for fixed-wing landing site (for helicopter 5 mins)

4. As a consultant-led unit, tertiary transfer from Stornoway is usually to Glasgow (QEUH)

## 7. VARIABLES AFFECTING AIR AMBULANCE TRANSFER TIMES

It is always the responsibility of SSD colleagues (in conjunction with ScotSTAR clinicians) to decide on the best mode and means of transfer and to arrange the transport. It cannot be assumed that air ambulance will always be the fastest and safest option.

While every effort is made to complete a transfer as quickly as possible, safety is paramount and the final decision to fly rests with the pilot.

Total transfer time for air ambulance transfers is more than the total flight time from aircraft base to referring centre and on the receiving centre. Other factors include:

**Time to airborne**

- Submission of flight plans and flight clearance take time (particularly fixed-wing)
- The aircraft will usually be prepared ('roled') for its most urgent task, it may require to be re-roled for a specific type of mission
- Many smaller airports are closed overnight and will need to be opened before the air ambulance can leave base
- Indicative times to airborne are 30min (day) 60min (night) for the SAS helicopters, and 60min (day/night) for the SAS fixed-wing aircraft.

**The aircraft may be unavailable** due to:

- Weather issues at aircraft base, referring centre, receiving centre or en-route
- Competing demands on air ambulance resource, including primary (roadside) jobs, secondary (from hospital retrievals and repatriations
- Prolonged previous air ambulance mission
- Mechanical issues

**The distance between hospital and landing site** (particularly for the fixed-wing).

- At some hospitals this is a simple 'trolley push' (helicopter at Stranraer). For others it is much longer (Sumburgh airport to Gilbert Bain hospital is 35 minutes by road).
- For most centres an ambulance will be required for road transfers at either end of the woman's journey.
- If a ScotSTAR team is involved, the time for the team to travel from the landing site to the referring centre also needs to be considered.

**Possible additional delays**:

- The loading / unloading process for stretchers is time consuming, especially in the fixed-wing
- There can be delays with road ambulances accessing the airport, particularly at times of peak demand
- The usual 'closest' air resource may not be available, and a resource from further afield may be used (e.g., using the Glasgow fixed-wing to Shetland if the Aberdeen plane is not available)