

<b>REFERRAL TO A TERTIARY UNIT FOR SUSPECTED FETAL ABNORMALITY</b>	<b>CLINICAL GUIDELINES</b> <b>Register No: 06035</b> <b>Status: Public</b>
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Developed in response to:	Intrapartum NICE Guidelines. RCOG guideline
Contributes to CQC Outcome	4

Consulted With	Post/Committee/Group	Date
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<b>Professionally Approved By</b>		
Anita Rao	Lead Consultant for Obstetrics and Gynaecology	February 2018

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1.0	Yvonne Roder and Kathy Bird	February 2009
2.0	Kathleen Bird, Antenatal and Newborn Screening Midwife	October 2009
2.1	Sarah Moon – Update contact details for referral forms	November 2010
3.0	Nicky Leslie	March 2012
3.1	Nicky Leslie – Clarification to the neonatal alert form & process	August 2012
3.2	Sarah Moon - Clarification to 14.0	November 2012
4.0	Nicky Leslie, Antenatal Newborn Screening Co-ordinator	March 2015
5.0	Emma Neate – Full review	23 <sup>rd</sup> April 2018

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## **1.0 Purpose**

- 1.1 To provide a guideline for the multidisciplinary team, when a fetal abnormality is detected and a referral to a tertiary unit is required.
- 1.2 To understand the role of the Antenatal Screening Team in the referral pathway to tertiary units.

## **2.0 Background**

- 2.1 Over 95% of women may have a healthy baby however in a few cases the baby has a serious problem. Fetal anomaly screening is a way of assessing whether the unborn baby (fetus) could develop or has developed an abnormality or other condition during pregnancy, this usually occurs unexpectedly.
- 2.2 Suspected risk/ fetal abnormality may be identified by health professionals either from current pregnancy, previous obstetric, medical or family history.

## **3.0 Equality and Diversity**

- 3.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

## **4.0 NHS Fetal Anomaly Screening Programme**

- 4.1 All screening tests should be offered and undertaken within the appropriate timescales set out by the NHS Antenatal and Newborn Screening Programme (set out in each individual related Antenatal and Newborn screening guideline). The anomaly scan is offered between 18 weeks and 0 days – 20weeks and 6 days gestation.  
(Refer to 'Guideline for Maternity Care; register number 04272)
- 4.2 All pregnant women should be provided with verbal and written information 'Screening tests for you and your baby' in a format appropriate to their individual requirements. This provides information on the nature, purpose, risks, benefits, timing, limitations and potential consequences of the test offered.
- 4.3 Informed consent must be obtained prior to the scan.
- 4.4 At the antenatal booking all screening test should be discussed. The decision of whether to accept or decline the screening test is documented, this includes the anomaly scan.
- 4.5 The programme aims to identify:
  - Serious fetal abnormalities, either incompatible with life or associated with morbidity, allowing women to make reproductive choice.
  - Abnormalities that may benefit from antenatal intervention.
  - Abnormalities that require early intervention following delivery.

- All women with a suspected or confirmed fetal anomaly should be seen by an Obstetric Ultrasound Specialist within 3 working days of the referral being made or seen by a Fetal Tertiary unit within 5 working days of the referral being made.

## **5.0 The Role of the Antenatal Screening Team**

- 5.1 To interpret results and recognise an abnormality and its significance.
- 5.2 Act as a resource for the multi-professional team.
- 5.3 Provide support to the parents and professionals throughout the pregnancy when an anomaly has been identified.
- 5.4 Be responsible for making a referral to the appropriate tertiary unit for (further investigations diagnosis/genetic counseling or appropriate treatment).
- 5.5 Co-ordinate the multidisciplinary team in providing support and care by informing all parties of the referral and outcome.
- 5.6 Audit the services provided by the antenatal screening services.

## **6.0 Pathway of Care when a Possible Problem is Suspected or if Advice is Required**

- 6.1 Contact the Antenatal Screening team on 01245 513433.
- 6.2 The Antenatal Screening team is available Monday to Friday 09.00-17.00 hours. If the Antenatal Screening team is busy, they will return the call as soon as possible.
- 6.3 If the referral is via the Ultrasound Department at Broomfield Hospital, the couple should be directed to a quiet room in the ultrasound department and the sonographer should liaise with the Antenatal Screening team.
- 6.4 The Antenatal Screening team will assess the severity and urgency of the referral or gain appropriate advice. The patient/couples are offered appropriate advice, support, referral expectations and further testing which may be offered and their decision is documented in the patients' health care records.
- 6.5 They will be offered a follow up appointment with their obstetrician to discuss a care pathway for the pregnancy, delivery and postnatal care of the baby. (Refer to points 7.0 and 10.0). Follow up would be via screening midwife call the day following tertiary review.

## **7.0 Tertiary Units**

- 7.1 Pregnant patients with the following deviations will require a referral to a Tertiary Unit. The appropriate unit will be faxed/ telephoned (refer to point 7.2).

## 7.2 Cardiac abnormalities:

- The Royal Brompton Hospital

## 7.3 Structural/chromosome abnormalities:

- Harris Birthright Centre, Kings College Hospital
- Fetal Medicine Unit, Addenbrookes
- Fetal Medicine Unit, University College Hospital (UCL)

- 

## 7.4 CVS/twins/feticide/other procedures:

- Fetal Medicine Unit, University College Hospital
- Harris Birthright Centre, Kings College Hospital
- Fetal Medicine Unit, Addenbrookes

## Genetics Referrals:

- Clinical Genetics, Great Ormond Street Hospital

## **8.0 Referral Process**

8.1 The Antenatal Screening team will complete the referral form to the appropriate tertiary unit. (Refer to Appendix A to E)

8.2 The Antenatal Screening Midwife will telephone Kings College Hospital and UCL for an appointment.

8.3 The Antenatal Screening Midwife will email the Brompton and Addenbrookes Hospitals for the patient to be allocated an appointment.

8.4 If the patient is present during the referral the Antenatal Screening Midwife will inform the patient of the appointment or if the patient is not present, the Antenatal Screening Midwife or Tertiary Unit will contact her via the telephone and inform her of the date and time of her appointment.

8.5 The Antenatal Screening Midwife should liaise with the Tertiary Units and the patient and make any appropriate consulting appointments and document all conversations and events in the patient's health care records.

8.6 Referral forms, maps and hospital information are kept in the screening office.

8.7 Email as much information as possible to the Tertiary Units, scan details, Downs screening risks, blood group, and referral letter.

8.8 Maps and hospital instructions are given or posted to the patient, along with contact names and telephone numbers of the Antenatal Screening team.

8.9 Document all details of the referral on the Screening database.

## **9.0 Antenatal Blood Group**

- 9.1 Email a copy of the blood group, HIV status, hepatitis B status and Downs screening results with the referral letter if known or obtain any blood samples to ascertain the blood group and HIV / Hepatitis B status on the day and mark as urgent request.
- 9.2 If the referral is made and an invasive procedure is undertaken the tertiary unit may take blood to ascertain the patient's rhesus status, if it is not available.
- 9.3 If the rhesus status is negative, the midwife at the tertiary unit will inform the Antenatal Screening team at Broomfield Hospital.
- 9.4 Inform the patient of her rhesus status by telephone or via the community midwife.
- 9.5 Contact the on-call obstetric registrar to prescribe anti-D gamma globulin 500 units.
- 9.6 Arrange for the patient to attend the Antenatal Clinic, Monday to Friday 08.00 – 17.00 hours or Day Assessment outside of these hours.
- 9.7 Take bloods for Kleihauer and give the prescribed anti-D gamma globulin as per protocol. (Refer to the 'Guideline for the administration of antenatal prophylactic anti-D for rhesus negative patients'. Register number 06065).
- 9.8 If the rhesus status is known to be negative prior to the invasive procedure and anti-D is given at the tertiary unit; the Antenatal Screening team will inform the haematology laboratory at Broomfield Hospital. The haematology laboratory at Broomfield Hospital will need to be informed about the anti –D dosage and the date that it was administered; as anti-D antibodies will be detected in a future blood sample.

## **10.0 Pathway of Care when a Pregnancy is Confirmed Not at Risk of an Anomaly**

- 10.1 Ensure the patient has planned antenatal appointments with her obstetrician or community midwife arranged or follow on ultrasound scan appointments.
- 10.2 Continue with the patient's planned antenatal care, documenting contemporaneously in the patient's health care records.

## **11.0 Pathway of Care when a Pregnancy is Confirmed as having a Fetal Abnormality**

- 11.1 If a decision is made to continue with pregnancy a referral should be made to the Obstetric Consultant for a plan of care. Some patients will be advised to deliver at a tertiary unit which provides neonatal/specialist services for the newborn.
- 11.2 Following consultation with the patient's Obstetric Consultant, a letter of referral to the tertiary unit for delivery of the baby is formulated by the Antenatal Screening team in conjunction with the Obstetric Consultant.
- 11.3 A copy of the referral letter will be retained in the maternity health care records.
- 11.4 A neonatal alert form should be completed and sent to the Antenatal Screening team

located in the screening office, Antenatal Clinic. A copy of the alert form is kept in the screening office records and a copy is forwarded to the named paediatric consultant for a plan of care post-delivery.

(Refer to the 'Guideline for calling paediatric staff and for obtaining paediatric referral'; register number 09113) (Refer to Appendix F)

- 11.5 When the named paediatric consultant has completed the neonatal alert form with a care plan, a copy will be retained in the neonatal folder. A further copy will be sent to the Antenatal Screening team; who will then provide a subsequent copy for the Labour Ward folder. The Antenatal Screening team will file a copy in the patient's lilac folder.
- 11.6 In selected cases where a complex fetal abnormality is confirmed and a decision to deliver locally is taken, the Consultant Obstetrician/ Antenatal Screening team Co-ordinator will refer the pregnant woman to the named paediatric consultant for counselling. The abnormality/abnormalities as well as the postnatal management will be discussed and agreed. A letter to summarise the discussion and identify the management plan following birth will be sent to the pregnant woman, the Antenatal Screening team, the referring Obstetrician. A copy will be retained in the neonatal alert folder on the neonatal unit.
- 11.7 Give appropriate information on the relevant support groups.
- 11.8 **If a decision is made to terminate the pregnancy** a date and time should be offered to meet in Antenatal Clinic to see an Obstetric Consultant/Registrar with the Antenatal Screening Midwife; this appointment will be arranged by the Screening Midwife in the appropriate environment.
- 11.9 The patient should be counselled for either a surgical or medical abortion.
- 11.10 If the patient is over 22 weeks and 0 days gestation or above at delivery, feticide should be discussed with the Fetal Medicine Unit on an individual basis.
- 11.11 Feticide is performed at The Harris Birthright Centre, Kings College Hospital or University College Hospital London.
- 11.12 The White Abortion Act 1967 Certificate A must be completed by **two doctors** prior to a termination of pregnancy (TOP) of all live babies and the yellow Abortion Notification (HSA 4 Form).
- 11.13 Document all conversations and decisions in the patient's health care records. (Refer to the guideline entitled 'Guideline for Maternity Record Keeping including Documentation in Handheld Records'; register number 06036)

## **12.0 Staffing and Training**

- 12.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training including the topic of antenatal screening tests.
- 12.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

### **13.0 Infection Prevention**

- 13.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.
- 13.2 All staff should ensure that they follow Trust guidelines on infection control, using Aseptic Non-Touch Technique (ANTT) when carrying out procedures i.e. obtaining blood samples.

### **14.0 Audit and Monitoring**

- 14.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.
- 14.2 As a minimum the following specific requirements will be monitored:
- Referring women to a tertiary centre where appropriate
  - Referring women to neonatal/specialist services
  - Keeping the woman informed throughout the process
  - Communication between obstetric, neonatal and specialist staff in the antenatal period
  - Documentation of all of the above
  - Process for audit, multidisciplinary review of audit results and subsequent monitoring of action plans
- 14.3 A review of a suitable sample of health records of patients to include the minimum requirements as highlighted in point 14.2 will be audited. A minimum compliance 75% is required for each requirement. Where concerns are identified more frequent audit will be undertaken.
- 14.4 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 14.5 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.
- 14.6 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.

### **15.0 Guideline Management**

- 15.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.
- 15.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently

approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

- 15.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.
- 15.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

## **16.0 Communication**

- 16.1 Monthly perinatal mortality multi-disciplinary team meetings take place and involve fixed items on the agenda: antenatal screening and antenatal issues to discuss issues relevant to antenatal screening; and to update the teams on individual cases where multi-disciplinary management is needed. Current cases with fetal abnormalities are circulated with meeting minutes.
- 16.2 A bi-monthly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.
- 16.4 Approved guidelines will be disseminated to appropriate staff quarterly via email.
- 16.5 Regular memos are posted on the guideline notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

## **17.0 References**

Midwifery Guidelines Receiving and Acting on Amniocentesis and Chorionic Villus Sample Results (2012), Leslie, N (2015) Interpreting and acting on chorionic villus sample (CVS) and amniocentesis results. Chelmsford: Mid Essex Hospital NHS Trust

NHS Fetal Anomaly Screening Programme. Screening for Downs Syndrome: UK NSC Policy recommendations 2011-2014. Model of Best Practice. Exeter: NHS Fetal Anomaly Screening Programme

NHS Screening programmes (2015) Fetal Anomaly Screening Programme Standards 2015-2016. London: NHS Screening programmes

NHS England (2016) NHS public health functions agreement 2016-17 Service specification no. 17 NHS Fetal Anomaly Screening Programme—18+0 - 20+6 week fetal anomaly scan. London: NHS England Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/serv-spec-17-apr16.pdf>

National Institute for Health and Care Excellence (2008) Antenatal care for uncomplicated

pregnancies. Clinical Guideline (CG 62) London: NICE  
Available at: <https://www.nice.org.uk/guidance/cg62>

Antenatal Results and choices (2017) A parent's handbook: A handbook to be given to parents when an anomaly is diagnosed in their baby. London: ARC

Broomfield Hospital  
 Level 4, Maternity 404  
 Court Road  
 Broomfield  
 Chelmsford  
 Essex  
 CM1 7ET  
 Direct Dial: 01245 513289  
 Fax: 01245 513280

Cambridge Fetal Medicine  
 Rosie Maternity  
 Addenbrookes Hospital  
 Hills Road  
 Cambridge  
 01223 216 185

**HOSPITAL NO:**

**REFERRAL FORM**

Patient's name:  Referral date:

Address:  Gestation:   
 L.M.P:   
 D.O.B:

Postcode:  Tel No:

Referring Department:

Patient's Obstetrician:

Patient's Hospital:

G.P. Name & Address:

Postcode:  Tel No:

Report to be sent to:

Reason for referral:

Appt booked for

Blood Group

HIV Status

Broomfield Hospital  
 Level 4, Maternity 404  
 Court Road  
 Broomfield  
 Chelmsford  
 Essex  
 CM1 7ET  
 Direct Dial: 01245 513289  
 Fax: 01245 513280

The Harris Birthright Research Centre  
 Golden Jubilee Wing  
 Kings College Hospital  
 Denmark Hill  
 Camberwell  
 London SE5 9RS  
 020 3299 3040

**Referral Form**

Hospital No :

Patient's name:  Referral Date

Address:  Gestation:

EDD:

D.O.B:

Postcode:  Tel No:

Referring Department:

Patient's Obstetrician:

Patient's Hospital:

G.P. Name & Address:

Postcode:  Tel No:

Report to be sent to:

Reason for referral:

Appt booked for

Blood Group  Hep B / HIV



Clinical Genetics Unit  
Institute of Child Health  
30 Guildford Street  
London WC1N 1EH  
020 7762 6296

Broomfield Hospital  
Level 4, Maternity 404  
Court Road  
Broomfield  
Chelmsford  
Essex  
CM1 7ET  
Direct Dial: 01245 513289  
Fax: 01245 513280

**HOSPITAL NO:**

**URGENT REFERRAL FOR CLINICAL GENETICS**

Patient's name:	<input type="text"/>	Referral date:	<input type="text"/>
Address:	<input type="text"/>	Gestation:	<input type="text"/>
		L.M.P:	<input type="text"/>
		D.O.B:	<input type="text"/>
Postcode:	<input type="text"/>	Tel No:	<input type="text"/>

Referring Department:	<input type="text" value="Antenatal Clinic"/>
Patient's Obstetrician:	<input type="text"/>
Patient's Hospital:	<input type="text" value="As above"/>
G.P. Name & Address:	<input type="text"/>

Postcode:	<input type="text"/>	Tel No:	<input type="text"/>
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Postcode:	<input type="text"/>	Tel No:	<input type="text"/>
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Report to be sent to:	<input type="text" value="Antenatal Newborn Screening Co-ordinator 01245 513433"/>
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Reason for referral:	<input type="text"/>
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Appt booked for	<input type="text"/>
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Blood Group:	<input type="text"/>	HIV / Hep B	<input type="text"/>
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Dr Julene S Carvalho MD PhD FRCPH

Royal Brompton Hospital, Sydney Street, London SW3 6NP T: 020 7351 8361 F: 020 7351 8544 E: j.carvalho@rbht.nhs.uk

**Fetal Medicine Referral Form**  
**Please fax completed form to the contact details above**

**Office use only**

**Date of Referral:**

**Set appointment date:**

**Patient details:**

**Name:**

**Address:**

**Tel:**

**Mobile:**

**DOB:**

**Ethnic Origin:**

**Marital status:**

**NHS no:**

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**Gestation:**

**EDD:**

**Reason/Indication for scan:**

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**GP name:**

**Address:**

**Tel:**

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**Referred by: Broomfield, Hosp, Chelmsford**

**Contact name:**

**Contact tel:**

**Appointment:**

**URGENT/ ROUTINE/ NEXT AVAILABLE**

**Referring Hospital: BROOMFIELD**

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**Brompton Centre for Fetal Cardiology**

Head: Dr Julene S Carvalho, Consultant & Reader (St George's University of London)

Consultants: Dr Victoria Jowett; Dr Elisabeth Mlczoch; Dr Piers Daubeney; Dr Rodney Franklin

Cardiac Nurse Specialists: Mrs Vidia Johansen; Ms S De Sousa; Cardiac Sonographer: Mrs Olga Patey

Clinical Coordinator: Ms Isang Obot; Research Assistant: Dr Victoria Doughty

## University College London Hospitals NHS Trust

**Fetal Medicine Unit**, Integrated Antenatal Service, Elizabeth Garrett Anderson Wing,  
235 Euston Road, London, NW1 2BU. Telephone: 020 3447 6150 Fax

Mobile : 07892147717. Email : [fmumidwife@uclh.nhs.uk](mailto:fmumidwife@uclh.nhs.uk)

### REFERRAL TO THE FETAL MEDICINE UNIT

Date of referral:		Previously attended FMU : No	
		UCLH Hos. No:	
Name :		Date of Birth:	NHS number:
Address:			
Postcode :			
Home :	Mobile No :	Work :	
Referring Doctor: Mrs Thakur		Referring Unit contact number: 01245 513433	
Referring Unit address: Antenatal Clinic, Broomfield Hospital, Court Road, Broomfield, Chelmsford, Essex (In case of queries)			
Postcode : CM1 7ET			
Name of GP:		Name of Practice:	
Address:			
Postcode :			
	EDD:	Blood group:	
Referral for: Down's Syndrome screening / Detailed Scan / CVS / Amniocentesis / Other			
Indication :			
Interpreting services: No (please delete as appropriate)		Language required:	
Appointment Date:		Time:	
FMU Consultant:		Appointment made by:	

**Please fax referral to 0207 380 9984 (include screening results and details of any previous affected pregnancies, family history or relevant ultrasound findings)**

## Neonatal Alert Form

<b>First Name</b>		<b>Surname</b>	
<b>NHS No</b>	<b>Hospital No</b>	<b>Referral Date</b>	
<b>EDD</b>	<b>Gestation</b>	<b>Consultant</b>	

### Background history & problem summary

### Delivery Plans

Broomfield Hospital

Not Decided

Other Hospital \_\_\_\_\_

### Neonatal Alert Form Criteria

Please use the neonatal alert form for the following conditions:

- Multiple pregnancy (higher order > 2 fetus)
- Hepatitis B positive mother
- HIV positive mother
- Previous baby with GBBS sepsis / meningitis
- Significant structural abnormalities diagnosed on ultrasound scan
- All cases that require referral to specialist units for treatment or advice
- Mothers with high antibody titres e.g. Anti-D, C and Kell
- Severe oligohydramnios / IUGR
- Abnormal dopplers
- Genetic / hereditary conditions in the immediate family that may affect the fetus
- Social e.g. drug abuse, alcohol abuse in this pregnancy
- Any other condition that will require paediatric input at birth

### Postnatal Plan (*paediatric*)

Designation \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_