



Transfer Information

Neonatal Services across the East Midlands Neonatal Operational Delivery Network (EMNODN)

You have been given this information leaflet because you have booked to have your baby at a maternity unit within the East Midlands Neonatal Operational Delivery Network (EMNODN).

What is a Neonatal Operational Delivery Network?

The specialist care that some babies need after birth is called Neonatal Care, and this is provided by specially trained nurses and doctors within a Neonatal Unit. Neonatal care is organised into geographical areas around the country where hospitals work together and are called Neonatal Operational Delivery Networks. The networks allow doctors and nurses to share knowledge and skills and they help to ensure that the different levels of care are accessible for all babies.

Neonatal Care

This leaflet gives information about what will happen if your baby is born too soon, too small, too sick, or requires surgery.

About 1 in every 7 babies born will need neonatal care and the units within the East Midlands all work together to provide a full range of care. Neonatal Intensive Care is a highly specialised service and is limited to a few specialist centres.

The EMNODN aims to ensure that all neonatal patients receive the highest quality of care. If your baby requires neonatal care, they will be transferred to the neonatal unit that best meets their needs and which is as close to the family home as possible.

Categories of Neonatal Unit

Special Care Unit (SCU)

Special care units are for babies who do not require intensive care. Generally, this will be babies born after 32 weeks' gestation. They may need continuous monitoring of their breathing or heart rate, additional oxygen, help feeding (sometimes using a tube), treatment for jaundice, treatment for infection and/or recovery from other levels of care.

Local Neonatal Unit (LNU)

Local neonatal units are for babies who require a higher level of medical support, known as 'high dependency' care. This is often babies born between 27 and 32 weeks' gestation. They may need breathing support, additional oxygen, short-term intensive care and/or intravenous feeding (if they are too ill or too small to feed by mouth).

LNUs also provide SCU care for their local babies.

Neonatal Intensive Care Unit (NICU)

Neonatal intensive care units care for babies who have the highest care needs. This includes babies who are born extremely preterm (less than 27 weeks' gestation or twins/triplets less than 28 weeks' gestation) or those who require breathing support from a ventilator for more than 48 hours.

NICUs also provide LNU and SCU care for their local babies.

Transfers for Surgical Care

Babies who require surgery will be transferred to either the Queen's Medical Centre in Nottingham or the Leicester Royal Infirmary. If your baby requires heart surgery, then they will initially be cared for in a neonatal unit and then transferred to the East Midlands Congenital Heart Centre based at the Leicester Royal Infirmary, for further care and treatment when appropriate.

East Midlands Neonatal Units

The EMNODN consists of eleven neonatal units:

Neonatal Intensive Care Units (NICU)

Leicester Royal Infirmary
Queen's Medical Centre (Nottingham)

Local Neonatal Units (LNU)

Kettering General Hospital
King's Mill Hospital (Mansfield)
Lincoln County Hospital
Northampton General Hospital
Nottingham City Hospital
Royal Derby Hospital

Special Care Units (SCU)

Leicester General Hospital
Pilgrim Hospital (Boston)
Queen's Hospital (Burton)

In Utero Transfers

If your midwife or obstetrician is concerned that your baby will require neonatal care, they may recommend that you are transferred **before you give birth** to a hospital that has the necessary facilities for your baby. This is because studies in England have shown that very premature babies do better if they are born in a hospital with neonatal intensive care units on site. However, if in-utero transfer is not possible, all hospitals are able to provide the immediate care your baby needs whilst arrangements are made to transfer your baby to the nearest appropriate neonatal unit.

Transfers within the EMNODN

There are a few occasions when your baby may need transferring to another hospital.

Some reasons include:

- If your baby is being cared for in a NICU or LNU that you were not booked at. Your nurses and doctors will aim to transfer your baby to an LNU or SCU as close to home as possible once they no longer require the higher levels of care. These units specialise in preparing you and your baby for discharge.
- To receive specialist care, equipment or surgery that is provided at another hospital.
- Your baby may need transferring to another unit because the unit you are in is at full capacity. This will be avoided wherever possible, but on the occasions where this is required your cooperation and understanding is appreciated. We will always ensure that your baby is transferred to a unit which is able to provide the care your baby needs.

All efforts will be made to ensure that your baby is cared for in the most appropriate unit which is as close to home as is possible. All transfers will be thoroughly discussed between the referring and receiving units.

Transfers outside of the EMNODN

If the Network is extremely busy it may be necessary to transfer your baby to a unit outside of the East Midlands Network to ensure that your baby receives the appropriate level of care. We will endeavour to return your baby to a local unit, or a unit within the Network, as soon as possible provided your baby is well enough to be moved.

How will my baby be transferred?

Your baby will travel to the receiving hospital by ambulance in a special transport incubator. During the journey they will be cared for by a trained transport team of neonatal doctors and nurses.

Will my baby be transferred without me?

If you still require hospital care yourself, you will be transferred to a ward within the same hospital as your baby for on-going postnatal care as soon as you are well enough. Every attempt will be made to ensure that you are transferred to be with your baby within 24 hours, or as soon as possible after you are clinically well enough to transfer.

If you are not an inpatient at the time of your baby's transfer, you may be able to travel in the ambulance with your baby and the neonatal transport staff. You can talk to the neonatal team to see if this is possible.

If you are well enough to be discharged and cannot travel with your baby, then you will be able to travel with a family member or friend to the hospital using your own mode of transport (mothers post caesarean should not drive). You will be provided with a parent passport to ensure that your partnership and involvement in your baby's care continues.

Parent Information

Key information for all EMNODN hospitals, including virtual tours of the units and their facilities, alongside lots of practical information for parents of premature and sick babies can be accessed on the Network website. Scan the QR code below or visit www.emnodn.nhs.uk



Help and Advice

For any questions you have about your own post-natal care, please speak to your midwifery team, who will be able to answer any questions you may have. For any questions regarding your baby's care, please speak to any of our neonatal nurses and/or doctors who will be happy to advise you.

Further advice and support on neonatal care can be accessed from the following:

www.bliss.org.uk

Phone: 020 7378 1122

This information leaflet was designed and produced by the East Midlands Neonatal Operational Delivery Network.

For further information on what we do, please visit our website; www.emnodn.nhs.uk