TRUST NON CLINICAL POLICY

MATERNITY TRANSFER AND DISCHARGE POLICY

A2015

RSVP COMMUNICATION APPROACH

MATERNITY HANOVER / TRANSFER STICKER

RSVP TRANSFER & COMMUNICATION SHEET FOR COMMUNITY/BIRTH CENTRE MIDWIFE TO WOMAN’S CENTRE MIDWIFE

AC1 URGENT AMBULANCE REQUEST

AC2 DISCHARGE OF WOMEN AND/OR BABIES TO PRIMARY CARE

AC3 ANTENATAL INTRAPARTUM INDICATIONS FOR TRANSFER

AC4 POSTNATAL INDICATIONS FOR TRANSFER MOTHER /BABY

DOCUMENT OVERVIEW: provides midwives, obstetricians and other relevant healthcare professionals with guidance on the reasons for and the process of transferring / discharging a woman and/or her baby.
1. **INTRODUCTION**

1.1 This guideline provides midwives, obstetricians and other relevant healthcare professionals with guidance on the reasons for and the process of transferring / discharging a woman and/or her baby.

1.2 All women need to receive a seamless service when care is transferred between hospital departments and when discharged from hospital based midwifery services to community midwifery services and to the Primary Care Trust. Communication using the RSVP structured approach is the agreed communication tool within GHNHSFT see A1116 RSVP: handover of care in Maternity.

1.3 The majority of women giving birth will do so in hospital and will require transfer of care to community midwifery services. Women are then transferred to the health visitor and primary health care system between the 10\textsuperscript{th} and 28\textsuperscript{th} post-natal day. See GHNHSFT Postnatal Care Guideline.

1.4 Some women and their babies will have more complex medical needs identified and will require referral to obstetric, paediatric, physiotherapy and other specialist services. Early identification of these mothers and babies requires prompt referral and timely access to treatment.

1.5 Some women will require input and support from one or more agencies for the successful transfer of care from hospital to home and care of the primary health care team. Women who have more complex social needs require prompt liaison with appropriate agencies which will ensure a timely transfer of care.

1.6 For babies that require transfer to neonatal unit please refer to the Neonatal Admissions Policy.

2. **DEFINITIONS**

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
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<tr>
<td>Transfer</td>
<td>Relates to any movement within the hospital departments and community services and transfer of care from hospital to community settings.</td>
</tr>
<tr>
<td>Discharge</td>
<td>Relates to the discharge of care from hospital to community settings and ultimately discharge from care.</td>
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<tr>
<td>RSVP</td>
<td>reason, summary, vital signs, plan structured communication approach</td>
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3. **PURPOSE**

3.1 The purpose of this policy is to provide guidance to midwifery staff on how to ensure

- An appropriate and timely transfer/discharge
- Effective communication both within the service and with external bodies
- Provision of appropriate information to all women and their families
- Women are appropriately prepared for transfer and/or discharge, feel confident to care for their new born baby and know how to access advice
- Good quality documentation
- Indications for transfer (AC3 & AC4) are recognised and acted upon

4. **ROLES AND RESPONSIBILITIES**
5. COMMUNICATION

5.1 Good communication between health professionals is essential to good practice and for the effective transfer of care for mothers and babies (CEMACH 2004). In the event of complications occurring it is essential that there are clear lines of communication between the midwife, woman, receiving unit and the obstetric team (CEMACH 2004).

5.2 Ensure clear communication and accurate handover of care using the RSVP structured communication approach; document this in the health care records. This is aided by the use of the Maternity RSVP Handover / transfer sticker, and / or the RSVP Transfer & Communication sheet for Community/Birth Centre Midwife to Woman’s Centre Midwife to support this process. See the A1116 RSVP: handover of care in Maternity.

5.3 A Trust Datix Form detailing the reason for the transfer must be completed for all transfers (mum or baby) from low risk settings to a consultant unit (antenatal, intrapartum, postnatal or post-natal readmissions), critical care transfers and all ambulance transfers.

5.4 The receiving unit should be apprised of the condition of the woman and or the baby before transfer. Once the decision has been made to transfer a mother or baby, it is the responsibility of the coordinating midwife to decide and organise the most appropriate method of transportation and the need for a midwife escort. It is therefore inappropriate for the community-based midwife to ask the maternity staff in the consultant unit as to the most appropriate method of transportation.

5.5 For all transfers it must be documented that the reason for transfer has been discussed and agreed with the women. Ensure that the woman and her partner/family understand the reason for transfer and are kept informed of the arrangements being made. Provide the woman and her partner/family with directions to or the address and contact telephone number of the receiving department or hospital.

5.6 The midwife and obstetrician should keep in contact with the receiving ward / unit and contribute as necessary to the ongoing plan for care. The woman’s General Practitioner and named midwife should be informed of the transfer, the reasons for transfer and the details of the accepting unit.

6. IN-UTERO TRANSFER (for preterm labour and neonatal facilities)

6.1 If an in-utero transfer is required please see GHNHSFT Preterm Labour. Document as per 8.2
6.2 Complete the **in-utero transfer checklist**.

7. **TRANSFER FROM HOME/BIRTH UNIT TO A CONSULTANT UNIT – ANTEPARTUM / INTRAPARTUM / POSTNATAL WOMAN / BABY**

7.1.1 General principles of care:

See related document RD 1 **Indications for transfer**.

- Base any decisions about transfer of care on clinical findings, and discuss the options with the woman and her birth companion(s) (NICE 2014). Ensure full documentation of discussions and events.
- If transfer is by ambulance see section 11, refer to **urgent ambulance transfer action card AC1** in collaboration with A1061 Midwifery Led Care Guideline antenatal transfer indications (AC2) or postnatal transfer indications (AC3) dependent on original location.
- If a baby is being transferred or being moved to accompany their mother see section 7.4 and related guidance **A1093 Newborn: Immediate care**. If a woman is transferred to an obstetric unit after the birth ensure that her baby goes with her (NICE 2014). If a woman requires transfer via ambulance in the postnatal period (not immediately post birth) the baby will require transportation in a car seat with Dad the birth partner/family members.

7.2 Non-Urgent Transfer

- If contemplating transfer of care:
  - talk with the woman and her birth companion(s) about the reasons for this and what they can expect, including the time needed for transfer.
  - Address any concerns she has and try to allay her anxiety.
  - Ensure that her wishes are respected and her informed consent is obtained (NICE 2014).

- If transfer into hospital is considered necessary but non-urgent, inform the woman that she will be required to arrange her own transport to the hospital for herself/baby.

- Make early and clear communication with the coordinating midwife on the Delivery Suite or Postnatal Ward regarding the reasons for transfer documenting the discussion in the health records.

- All documentation should be completed by the midwife detailing the reasons for transfer.

- Discussion with the mother and partner/supporter.

- Inform the woman that documentation must accompany her/the baby into the hospital.

7.3 Urgent Transfer

7.3.1 Talk with the woman and her birth companion(s) about the reasons for transfer and what they can expect, including the time needed for transfer.

Address any concerns she has and try to allay her anxiety.

Ensure that her wishes are respected and her informed consent is obtained (NICE 2014).

7.3.2 When arranging transfer of care, the midwife attending the labour should contact the ambulance service and the coordinating midwife in the obstetric unit. The coordinating midwife should then alert the relevant healthcare professionals (obstetric, anaesthetic and neonatal) (NICE 2014).

Make early and clear communication with the coordinating midwife on the Delivery Suite or Postnatal Ward regarding the reasons for transfer.

7.3.3 When arranging transfer from one location to another, ensure the following:

- Before transfer, the woman is dressed, wrapped in a blanket or otherwise covered in a way that she feels is comfortable and appropriate.

- The woman is made to feel as comfortable as possible before and during transfer.
• Any ambulance staff or other personnel involved are aware that some positions may make the woman uncomfortable or afraid and could affect her labour, so she should be encouraged to choose how to move and what position to adopt if possible, in accordance with ambulance service protocols.

• Communication and companionship are maintained. Explain the arrangements for transfer to the woman and her birth companion(s). A midwife who has been involved in her care up to that point should travel with her and carry out a handover of care that involves the woman. A midwife must accompany the woman in the ambulance as she will be expected to contribute to the care and monitoring of the woman’s/baby’s condition during the transfer.

• Ensure arrangements are in place to enable the woman's birth companion(s) to travel with her in the ambulance if that is what she wants (NICE 2014). If this is not possible or not wanted, check that the birth companion(s) have or can arrange their own transport (NICE 2014).

Inform the woman’s partner/family that they will be required to arrange their own transport to the hospital. Provide the woman and her partner/family with directions to or the address and contact telephone number of the receiving department or hospital.

7.3.4 If transfer by ambulance is considered necessary see section 11 See urgent ambulance transfer action card AC1.

7.3.5 Stabilise the woman's/baby’s condition where possible prior to transfer (Basic life support, newborn life support, obtain intravenous access, administer drugs etc).

7.3.6 All documentation should be completed by the midwife detailing the reasons for transfer, with documentation of handover in the health records. A clear and accurate hand over of care must be given to the receiving clinical staff.

7.3.7 Upon admission to the Obstetric unit, concerns that have instigated the transfer from the midwife led unit must be conveyed to the relevant medical personnel in a time frame appropriate to the clinical situation. If maternal or fetal compromise is suspected obstetric staff should be notified immediately.

7.4 Considerations for transfer of baby (also see AC2, A1061 Midwife Led Care, and A1090 Resuscitation of the Newborn)

7.4.1 If the baby requires urgent transfer without its mother, transfer for the mother should be initiated immediately to ensure she remains with her baby.

7.4.2 For babies that require newborn resuscitation during transfer by ambulance see A1090 Resuscitation of the Newborn

7.4.3 If a woman requires transfer via ambulance in the postnatal period (not immediately post birth) the baby will require transportation in a car seat with the birth companion(s) /family members.

7.4.4 Babies that need ambulance transfer to the maternity ward or NNU due to hypothermia should be transferred with a hat on, dressed with a vest, Babygro, and cardigan. They should have a heat pad in situ and should be transferred in an ambulance that is extremely warm (uncomfortably so for the adults). They should have blankets covering them.

7.4.5 If the examination of the newborn has not yet been completed then the baby's hospital notes should accompany the mother and baby to their next point of care (unless this is out of county), see section 10 for guidance on transfer of health care records.

8. TRANSFER TO OTHER MATERNITY UNITS OR OTHER MATERNITY WARDS (including out of county)

8.1 For ongoing but non urgent care.
• The transfer of women between maternity units/wards must be agreed and arranged with the receiving maternity unit/ward and a telephone handover provided to the accepting unit/department.

• The midwife will ensure that any required prescribed medication is either sent with the mother/baby or that it is a stock item at the receiving maternity unit/ward.

• The midwife will ensure that the appropriate documentation accompanies the woman/baby.

• If travelling by ambulance, the midwife will escort mother and/or baby to the receiving maternity ward and provide a full handover of care detailing any ongoing management plans, or the midwife will ensure that the mother has arranged transport for herself/baby when travelling to another maternity unit.

8.2 Women who have developing complicated needs.

• The transfer should be arranged by the health professional present at the time the decision is made to transfer the mother (normally a Doctor).

• The co-ordinating Midwife on the delivery suite/ward must be kept informed of the progress of the transfer arrangements (if not directly for coordinating it).

• The transfer of women between maternity units must be agreed and arranged with the receiving hospital department or maternity unit. There must be a clear handover of care.

• The midwife will ensure that any required prescribed medication is either sent with the mother or that it is a stock item at the receiving hospital.

• The midwife will ensure that the appropriate documentation accompanies the woman/baby (see section 10). A letter from the referring Doctor must be provided in addition to the photocopied health care records when a woman is being transferred outside the county.

• The midwife accompanying the woman must hand over care directly to the receiving unit’s staff and document this in the health records.

• It is not routine practice for South Western Ambulance Service NHS Foundation Trust to return the midwife to their place of work. The accompanying midwife must contact the Co-ordinating Midwife in the event that the ambulance is unable to return her to her place of work. In this event the Co-ordinating Midwife will arrange transport to collect the midwife.

9. TRANSFER TO GENERAL DEPARTMENT OF CRITICAL CARE (DCC) (See GHNSFT Severely Ill Pregnant woman – recognition and management)

9.1 This is a clinical decision, which should be made after discussions with a senior obstetrician, anaesthetist and the critical care staff. A documented plan for care should be agreed by the multi-professional team and detailed in the health records.

9.2 Arrangements for Transfer to Critical Care Department

8.2.1 Invasive monitoring may be carried out in on the Delivery Suite (Obstetric HDU).

8.2.2 The woman should be obstetrically stable before transfer, with close liaison with the anaesthetic team. Senior obstetric review should be continued in critical care department.

• At GRH, Critical Care is located within the Tower Block, accessed via the link corridor. The transfer will be co-ordinated by the anaesthetic, obstetric team in liaison with the Critical Care team.

• All discussion and planning should be fully documented within the health care records
• The multi-professional team must ensure that all necessary and appropriate documentation is completed comprehensively.

• The woman must be transferred with appropriate monitoring obtained from the Intensive Care Unit, coordinated by the Department of Critical Care. The availability of medical equipment needs to be in line with National Guidance. If the porters are required to collect equipment please specify clearly what equipment is required and where it is to be obtained from.

• Comprehensive handover of care utilising the RSVP structured communication approach documentation of handover in the health records a Maternity RSVP Handover/Transfer Sticker maybe utilised to support this process.

• The coordinating midwife and on-call obstetrician should keep in regular contact with the receiving ward / unit and contribute as necessary to the ongoing plan for care.

10. HEALTH CARE RECORDS
10.1 If a woman is being transferred outside the county all health care records must be photocopied and this copy provided to the receiving unit. Original health care records must not leave the county unless under exceptional circumstance. In this event the most senior member of staff must refer to the Trust Maternity Services Health Records Policy.

10.2 If a woman/baby is transferred to a maternity unit within the county original health care records should accompany the mother and baby. See Maternity Services Health Records Policy.

10.3 All information pertaining to the transfer must be recorded on the maternity computer system in addition to the health care records.

10.4 Document events in the notes as contemporaneously as possible. Document all discussion which takes place with the woman and her partner of the reason for transfer.

10.5 Ensure documentation of the notes is complete and an incident reporting form is completed for all transfers.

11. SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWAST) ARRANGEMENTS / AGREEMENT see Urgent Ambulance Transfer AC1
11.1 There is local agreement with the ambulance service on attendance at emergencies or when transfer is required. All maternal transfers by ambulance must be documented on a RSVP transfer form and an incident form completed.

11.2 Operational staff are either emergency medical technicians who are able to respond to all emergencies providing treatment and very limited drug therapies to pre-determined protocols or Paramedics who are registered by the Health Care Professions Council (HPC) and work within the Joint Royal Colleges Ambulance Liaison Committee Guidelines (JRCALC)

11.3 South Western Ambulance Service also employ Specialist Paramedics (SP) with additional assessment and treatment skills working at practitioner level; and Critical Care Paramedic (CCP) which is a Paramedic who has undertaken further education in dealing with the critically ill and injured, again to practitioner standard. It should be noted that not all ambulances are staffed by Paramedics. Ambulance staff epaulettes should identify their skill level but clarification of the skill level can be sought when they arrive.

11.4 All 999 incidents are triaged using a system called Advanced Medical Priority Dispatch System (AMPDS) which identifies clinical priority based on the information obtained by the call taker

- ‘Time Critical’ – use 0845 1206342, this is an emergency, blue light response within 8 minutes
• ‘Immediate’ – use 0845 1206342, this is an emergency, blue light response within 30 minutes
• ‘Urgent’ – use 0845 1215159, normal road speed response within 1, 2, or 4 hours

11.5 **Action Card 1 Emergency Ambulance Request**

- Dial 0845 1206342 and state you are a midwife with an emergency requiring ambulance transfer – you will be asked a number of questions including if the condition represents an immediate threat to life. If you answer YES the call will be prioritised and the nearest available resource will be sent. If the call does not represent an immediate threat to life but an emergency transfer under blue light conditions is still required answer NO and request a 30 minute response.

- **You may ask for a paramedic ambulance crew if you believe that Advanced Life Support skills may be required.** The ambulance control room will endeavour to dispatch an emergency ambulance with a Paramedic crew BUT THIS MAY NOT BE POSSIBLE.

- If you require assistance at scene please make this known to the ambulance call taker so that, if appropriate, a Rapid Response vehicle can be dispatched in addition to an emergency ambulance.

- **Do not forget to inform the woman of the need to be transferred and gain her consent.**

- If an urgent but non-emergency transfer is required, contact the ambulance service on 08454 1215159 and answer NO to the question about life threat. Discuss appropriate time frame with the call handler an option of 1, 2, or 4 hours can be requested. The referring health care professional should be clear whether a Paramedic is required.

- Call Delivery Suite, speak to the Coordinator. Give details of the impending transfer and request second on-call midwife to give additional support.

- Call the Neonatal Intensive Care Unit (NICU) if appropriate and request a neonatologist to be on standby if the transfer is for a neonatal condition.

- On arrival of the Paramedics ask for any assistance needed to stabilise condition for transfer.

- Accompany mother/baby in ambulance and continue to observe and care for mother or baby.

- Ensure a Trust Incident Reporting Form is completed.

- Make arrangements to discuss with mother and her partner the reason for transfer at the earliest possible time.

- The patient should be ready for transfer with a destination organised for all urgent calls at the time of request.

- If the patient is not ready for transfer on or soon after the arrival of the ambulance response they will discuss with the clinical hub whether they should remain on scene or clear from the incident.

- If the ambulance response leaves the job would need to be rebooked by the referring midwife.

12. **DISCHARGE FROM HOSPITAL**

12.1 Patients who wish to Self-Discharge

12.1.1 For the patient who self-discharges, that is not a planned Trust discharge; the following actions must take place:

- The patient must be assessed to confirm that they fully understand all implications associated with implementing their self-discharge (see [Mental Capacity Act](#)).
12.2 Discharge of women and/or babies from hospital to community care (see action card AC2)

- Plans for transfer/discharge should commence during the antenatal period and should be reassessed following birth. An estimated date of discharge should be identified and discussed with the mother and other agencies where required.

- There should be continued assessment of the mothers and babies physical, physiological and social needs, to determine any arrangements that may be required prior to discharge.

- For low risk women (including those giving birth by uncomplicated assisted deliveries or elective caesarean section), midwives may organise and manage transfer from the hospital into the community. In the presence of maternal complications the Obstetric consultant is the responsible lead professional. Any woman who develops complications during the postnatal period will require review and discharge by the consultant obstetrician or the registrar.

- An early transfer to the community is possible if mother and baby are well. The neonatal examination of the newborn should be performed either in the community or in the hospital. This examination can be performed by the neonatal SHO or a midwife qualified in neonatal examination of the newborn. See Examination of the Newborn Policy.

- A full assessment of the woman and baby must be undertaken prior to any transfer and documented in the maternity notes. Baby labels should be checked and the last feed the baby had should be documented in the maternity notes. The midwife in the community and/or the midwife-led unit must be informed of all transfers/discharges – see action card AC2. The midwife organising the transfer of care is accountable and responsible for an effective hand-over of care to the midwife and the GP and health Visitor is informed via a discharge letter.

- On discharge from the post-natal ward the midwife is responsible for ensuring the woman has 24 hour access to the midwifery service. Clear written and verbal information should be provided so that the woman knows how to contact a midwife at any time, day or night. Ensuring the telephone numbers for the postnatal wards and community midwives office are written on the discharge paper work.

- All women and babies will be offered a visit at home within the first 24 hours of transfer home from hospital. If the midwife is unable to access the family checks must be made with the ward/GP that the address details are correct. If appropriate measures taken fail to result in access the Community Midwifery Manager and/or a Supervisor of Midwives should be informed and any action taken documented in the midwife’s diary and the mother’s case notes.
The midwife and the mother will discuss and together agree a plan of care that will be reviewed at each contact and amended appropriately. At each contact a date, time and venue for the next contact will be agreed.

If a baby is to be adopted or fostered, arrangements must be made for postnatal care in the community for both mother and baby.

For mothers with babies who are admitted to the Neonatal Intensive Care Unit, postnatal care must be arranged with the community midwife. Ensure woman’s mobile phone number is entered on the discharge form in order for the community midwife to liaise with the woman regarding her postnatal care arrangements.

12.3 Discharge of women and/or babies to Primary Care (see action card AC2)

- The midwife will transfer care of the mother and baby to the health visitor and primary health care team no earlier than 10 days after the birth. The midwife may continue to provide postnatal care for a longer period in order to meet the needs of the woman and her baby (NMC 2004).

- The midwife must ensure the mother has contact with the Health Visitor to whom she will be transferred. If the mother has not met with the health visitor during the antenatal period then it is the midwife’s responsibility to inform the health visitor of the mother’s and baby’s details. Any ongoing care issues must be handed over to the health visitor to ensure continuity of care.

- Prior to discharge to primary care all women must have been provided with information regarding:
  - How to assess their baby’s general well being
  - How to identify signs or symptoms of common health problems in mother or baby
  - How to contact relevant health professionals for further help and advice
  - Parents will be provided with the child health book either by the health visitor/midwife who will explain its use.

NB The above information should be given verbally and in written format with clear documentation in the newborn care plan that this has been done.

- There is no definitive time for discharge of mother and baby if well. However, the following must be considered:
  - the discharging midwife should ensure that the neonatal examination can be performed at home.
  - If breastfeeding on discharge, see Breastfeeding policy

- The care plan will be retained by the community midwife following her final visit when care is transferred to the health visitor and returned to the hospital where it will be filed in the case notes. Any hand held case notes from other hospitals are retained and then returned promptly to the appropriate booking hospital.

13. TRAINING

<table>
<thead>
<tr>
<th>Level of training required</th>
<th>Staff Group / s</th>
<th>Division / Department</th>
<th>Frequency of training / update</th>
<th>Method of training delivery</th>
<th>Lead and department responsible for provision of training</th>
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<tbody>
<tr>
<td>A</td>
<td>All staff</td>
<td>Women and children's division</td>
<td>Once</td>
<td>Cascade via meetings/newsletter</td>
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*Levels of Training*
14. MONITORING OF COMPLIANCE
14.1 This list is not exhaustive and additional criteria may be included at the Trust discretion
14.2 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity Audit Lead
14.3 Action plans will be developed and reviewed as required by the instigating body
14.4 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.
14.5 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.
14.6 Where deficiencies are identified, an action plan will be developed by the author, following the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting. These action plans are implemented and monitored by the Associated Forum.
14.7 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.

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<tr>
<th>Monitoring of Compliance</th>
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<tr>
<td><strong>Source</strong></td>
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15. REFERENCES

GHNHSFT Transfer/Discharge Policy

GHNHSFT Postnatal Care Guideline


NICE CG190 Intrapartum care for healthy women and babies (2014)

MATERNITY TRANSFER AND DISCHARGE POLICY – DOCUMENT PROFILE

REFERENCE NUMBER: A2015
CATEGORY: Non-Clinical
VERSION: 5
SPONSOR: Dhushyanthan Mahendran, Chief of Service and Consultant Obstetrics/Gynaecology
AUTHOR: Emily Beach
Practice Development Midwife
ISSUE DATE: February 2016
REVIEW DETAILS: October 2018
ASSURING GROUP: Maternity Clinical Governance Group
APPROVING GROUP: GOGG
APPROVAL DETAILS:
- 27.10.2009 item 3.5 – GOGG
- 10.11.2009 item 24 – Trust Clinical Policy Group
- 09.02.2010 item 4.2 – GOGG
- 01.02.2011 item 4.1.3 – GOGG
- 19.09.2011 item 4.3 – GOGG
- 1st April 2014 item 3.4 GOGG
- 4th December 2015 item 2.1 GOGG
DISSEMINATION DETAILS: Uploaded to intranet; newsletter dissemination to all maternity staff
KEYWORDS: Transfer, discharge, RSVP
RELATED TRUST DOCUMENTS:
- Postnatal Care Guideline
- Neonatal Transfer Policy
- Preterm Labour
- Handover / Transfer Policy
- Maternity Services Health Records Policy
- Mental Capacity Act
- Safeguarding Adults policy
- Breastfeeding policy
OTHER RELEVANT DOCUMENTS:
- Indications For Transfer
- RSVP Communication Approach
- RSVP Transfer & Communication sheet for Community/Birth Centre
- Midwife to Woman’s Centre Midwife
- Maternity Handover / Transfer Sticker
- AC1 Urgent Ambulance Request
- AC2 Discharge Of Women And/or Babies To Primary Care

Authors | Version | Reason for review | Ratified
--- | --- | --- | ---
| **Kirsty Davis Practice Development Midwife** | **Version 1** | **Written October 2009** | **New guideline** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Kirsty Davis Practice Development Midwife** | **Version 2** | **Review February 2010** | **Review following CNST** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Kirsty Davis Practice Development Midwife** | **Version 3 Review February 2011** | **Review in line with service reconfiguration** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Kirsty Davis Practice Development Midwife** | **Version 4 Review September 2011** | **Review with CNST standards** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Kirsty Davis Practice Development Midwife** | **Version 4.1 December 2012** | **Review in-line with RSVP** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Kirsty Davis Practice Development Midwife** | **Version 4.2 April 2014** | **Amendment to point 6.5** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
| **Emily Beach Practice Development Midwife** | **Version 5** | **February 2016** | **Tri-ennial review** | **Gloucestershire Obstetric Guideline Group (GOGG)** |
Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

1. Lead Name: Kirsty Davis
   Job Title: Practice Development Midwife

2. Is this a new or existing policy, service strategy, procedure or function?
   New ✓ Existing

3. Who is the policy/service strategy, procedure or function aimed at?
   Patients Carers Staff Visitors
   Any other Please specify:

4. Are any of the following groups adversely affected by this policy:
   If yes is this high, medium or low impact (see attached notes):
   - Disabled people: No ✓ Yes
   - Race, ethnicity & nationality: No ✓ Yes
   - Male/Female/transgender: No ✓ Yes
   - Age, young or older people: No ✓ Yes
   - Sexual orientation: No ✓ Yes
   - Religion, belief & faith: No ✓ Yes

   If the answer is yes to any of these proceed to full assessment.
   If the answer is no to all categories, the assessment is now complete.

   Date of assessment: 24.8.09 Completed by: Kirsty Davis
   Signature: Job title: PDM
   Director: Signature:

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.