

Ambulance transfer from the FMU Royal Glamorgan Hospital

When a deviation from the normal has been detected in line with NICE (2014) and All Wales Midwifery led guidelines (2017), the woman or baby needs to be transferred to an Obstetric Unit. The following lists are not exhaustive and any transfers will be at the discretion of the attending midwife

- Failure to progress 1st and 2nd stages of labour
- Significant meconium stained liquor
- Unable to locate fetal heart
- Non-reassuring fetal heart rate
- Maternal request for epidural
- Maternal pyrexia 38c once of 37.5c on 2 occasions 2 hours apart
- Offensive vaginal loss
- Suspected mal position including breech
- Cord prolapses
- Base line observations which fall outside the Mews chart on the

- Retained placenta
- Third/fourth degree or complicated perineal trauma
- Intrapartum haemorrhage
- PPH
- Severe fetal distress
- Maternal or neonatal collapse
- Apgar score of <5
- Second administration of inflation breathes

Reasons for transfer in the postnatal period

- Secondary PPH
- Raised BP or signs of pre-eclampsia
- Maternal pyrexia
- Maternal anaemia Hb<8
- Maternal depression or anxiety

Neonatal

- Low birth weight
- Axillary temperature less than 36.4 after one hour of skin-to-skin
- Reluctant feeder
- Referral following neonatal examination
- Jaundice
- Concerns about babies observations

**Midwife needs to ring 999 call and request
Either a**

Red Call Immediate threat to life to include, fetal distress, second stage of labour, APH, intrapartum haemorrhage PPH>1000 mls, neonatal or maternal collapse, baby needing active resuscitation
Green 1 urgent, face to face assessment within 30 minutes