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In utero transfers – getting it right

In this era of blogging and twittering it is vital that professional groups retain and utilise a forum that allows targeted dissemination of either new information or confirmatory evidence of what has been held anecdotally to be true. It is of equal importance that the readership of journals contribute to that knowledge base. The article by Wilson and colleagues¹ should stimulate a sharing of information and a clear steer for planners about a major aspect of *in utero* transfers (IUTs).

IUT is a universally accepted method of ensuring that a pregnant woman is in the right facility to receive the appropriate medical or obstetric care for her and if necessary for her newborn infant. In Scotland at least, the effect on families of this displacement has not been assessed previously. This article describes the experience of 239 families in Scotland and raises some significant concerns about financial, emotional and logistical aspects of IUTs.

We have, broadly speaking in the UK, two different forms of IUTs. One where the care of the mother and baby follows a predetermined pathway of clinical escalation which is explicit within a managed clinical network. There is then the move undertaken by pregnant women due to either a lack of physical cot space within the institution where they are booked in or lack of staff to provide clinical care in that institution. This latter situation may lead to transfers of pregnant women between tertiary centres or past their nearest appropriate delivery unit. This is against the recommendations of the Clinical Standards Advisory Group² and the British Association of Perinatal Medicine³.

What evidence then do we have that we are letting pregnant women and their families down when it comes to moving them sometimes hundreds of miles to allow them to receive appropriate perinatal care? Gill and co-workers⁴ assessed both IUTs and *ex utero* transfers in the Yorkshire area. The authors concluded that there was a continuing apparent lack of capacity within the neonatal service in that region resulting in considerable amounts of both types of transfers.

NHS Quality Improvement Scotland published the Perinatal CoTS report in 2008⁵ which was a national study assessing clinical, demographic and logistical issues associated with every IUT which took place in a six-month period in Scotland. Numbers were substantial – not far off the total of *ex utero* transfers in the same period. There were 599 IUTs with 14.3% of the transfers taking place between tertiary units and a further 5.7% of transfers passed their nearest tertiary unit. It was

clear from these data that a major reason for IUT in Scotland during that period was the lack of staffed neonatal cots in tertiary units.

The study in this issue of *Infant* helps to complete the picture of IUTs in Scotland. NHS managers clinicians and planners can use the information in this article as it identifies several areas which predict the emergence of problems following an IUT. These not surprisingly revolve around the issues of travel, accommodation, childcare and financial support.

There have been sporadic attempts at improving the situation for IUTs. Some regions recognise the great importance of linking neonatal transport with IUTs and cot location. The BAPM clinical guidance document is a helpful start⁶. However we do need much more information about the organisational, financial and emotional aspects throughout the UK. New build maternity unit planners must include facilities to allow parents and families to stay on site when they wish to be with their baby. Within any managed clinical network there should be clear guidelines for the management of an IUT and within those guidelines identifiers placed for those families which could be considered as being highly vulnerable. In this situation perhaps information could be given to parents at an early stage about sources of help that they can tap into.

It is clear in Scotland we have a problem with several aspects of IUTs. As always it is vital that we listen to the experiences of families and act to help them. Questions must then be asked as to what extent this is a problem across the whole of the UK. This article I hope will act as a focus for this discussion.

References

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