

**Greater Manchester, East Cheshire & High Peak**  
**Neonatal Network Transport Service**  
**Antenatal Transfers**

**Form D**

**Transfer Ref No:**

**Surname:**

**Forename(s):**

**D.O.B:**

**Hospital No:**

Hospital Label

**Condition on Arrival**

What was the cervical dilation (in cms) on arrival?

\_\_\_\_\_ **Date & time of exam:** \_\_\_\_\_

How frequent were contractions on arrival?

Less than 1 in 10 (please circle)  
1 in 10  
2 in 10  
3 in 10

**Patients with PET**

Was the patient started on new anti-hypertensives  $\leq 2$  hrs after arrival?

-If **yes**, please specify which medication

1. Methyl dopa (please circle)  
2. Hydrallazine- **oral / iv**  
3. Labetalol – **oral / iv**  
4. Nifedipine  
5. Other (specify)

Blood pressure recordings on arrival

**Systolic:** \_\_\_\_\_ **Date & Time**  
**Diastolic:** \_\_\_\_\_ **of measurement:** \_\_\_\_\_  
**Mean:** \_\_\_\_\_

Did consultant to consultant discussion take place prior to transfer?

**Patient Outcome**

Has the patient delivered yet?

-If **yes**, what was the date, time and mode of delivery?

**Date & Time:** \_\_\_\_\_

**Mode** (please circle): NVD  
Emergency LSCS  
Elective LSCS

***To be completed by the audit coordinator***

If **no**, what happened to patient?

1. Transferred back to base unit undelivered
2. Transferred to another unit

If patient was transferred to another unit, which unit and why?

## **Completing Form D**

- As the accepting unit you will need to complete the all the details indicated on Form D up to the highlighted box, as this information may not be available to you at that time. This information will then be collected at a later date by the audit coordinator.
- This form should be completed **4 hours after the patient arrives, or following delivery**, whichever is earliest. However, if by 4 hours there has been no delivery this form should be faxed to the Cot Bureau at St Mary's on **0161 276 6451**.
- The Transfer Ref No can be obtained from the Cot Bureau or the referring midwife who accompanies the patient during transfer.
- For any sections of the form where there is a  please either place a **tick (√)** if answering **Yes** or a **cross (X)** if answering **No**.
- For any section of the form where there is a list of answers to choose from, please circle the appropriate answer, and specify further if necessary.