

Maternal Transfer and Onsite Handover of Care Guideline	
Summary statement: How does the document support patient care?	The purpose of this guideline is to provide good practice guidelines for staff involved in the transfer of women/people and onsite handover.
Staff/stakeholders involved in development:	Obstetric anaesthetists, obstetric consultants and senior midwifery staff
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For use by:	All Medical and Midwifery staff involved in the transfer of antenatal, intrapartum and postnatal women and onsite handover
Purpose:	To provide clear guidance on the management, process and documentation requirements when women require transfer from one ward to another, to another hospital, from home or to ITU.
This document supports:	CNST Maternity Standards 2021 RCOG 2007 Safer Childbirth
Key related documents:	UH Sussex West (SRH & WH) Maternity Guidelines: Severely ill CG1148 Recognition and Management of Severely Ill Pregnant Women , CG20013 Preterm Birth Risk Pathway , UH Sussex External Transfer Policy
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1.0	January 2011	CNST Midwife	Archived	New Trust wide guideline
2.0	February 2011	CNST Midwife	Archived	Minor admin. amendment
3.0	June 2011	CNST Midwife	Archived	Guideline updated to include handover of Obstetric Medical staff and Midwife handover to the Health Visitor
4.0	October 2012	Clinical Governance (CNST Lead) CNST Midwife	Archived	Updated to include Version 2 of SBAR form
5.0	January 2013	CNST Midwife	Archived	Minor amendment
5.1	January 2014	Clinical Governance (CNST Lead) CNST Midwife	Archived	3 year review-clarification of process for medical handover
6.0	May 2017	Practice development Midwife	Archived	Guideline updated with SBAR
7.0	October 2021	N. Beckley, Project Midwife – Saving Babies' Lives	Archived	3 yearly update. <ul style="list-style-type: none"> • SBAR - form updated. • Transfer checklist updated following feedback from usage and incident review. • Wording changed to highlight multidisciplinary discussion and safe, timely transfer. • Added the need for original notes to remain on site.
7.1	June 2023	CE Team	LIVE	Transfer Checklist updated. Transfer Letter Templates (reverse) updated.

Index

1.0	Aim	4
2.0	Scope	4
3.0	Responsibilities	4
4.0	Introduction	4
4.1	Abbreviations used in this guideline	5
5.0	In utero transfer.....	5
5.1	Contacting the ambulance service	5
5.2	From the community	5
5.3	From the hospital	5
5.4	Process and documentation requirements for hospital transfers	6
5.5	Process and documentation requirements for transfers from the community	7
6.0	Maternal transfer to ITU / HDU.....	7
7.0	Transfers in the postnatal period.....	7
7.1	Neonatal readmissions.....	8
8.0	Onsite handover of care.....	8
8.1	On site handover.....	8
8.2	Midwife handover.....	8
8.3	Medical handover.....	8
9.0	Handover of care to the health visitor.....	9
11.0	Monitoring / Audit.....	10
	References.....	11
	Appendix 1: Maternity SBAR Transfer Form.....	12
	Appendix 2: Worthing Hospital telephone numbers to arrange transfer	13
	Appendix 3: St Richards Hospital telephone numbers to arrange transfer	14
	Appendix 4: Checklist prior to transfer	16
	Appendix 5: SBAR.....	17
	Appendix 6: SRH Transfer template letter (reverse side).....	18
	Appendix 7: Worthing Transfer templat letter (reverse side)	19

Maternal Transfer and Onsite Handover of Care Guideline

1.0 Aim

- To provide guidance for staff in the Maternity Unit on the safe transfer of women/people during the antenatal, intrapartum and postnatal periods.
- To provide information for staff to enable effective onsite handover of care between health professionals involved in transferring women/people's care.

This guideline covers:

- Women/people being transferred during the antenatal, intrapartum and postpartum periods.
- Women/people being transferred from home to hospital, from site to site and from this Trust to another Trust.
- Handover of care to the intensive care unit (ITU)/ high dependency unit (HDU).
- Onsite handover of care for obstetric medical and midwifery staff.

2.0 Scope

This guideline is for use by:

- Midwives
- Obstetric medical staff
- Maternity care assistants and support workers.

3.0 Responsibilities

Midwives & obstetricians:

- To access, read, understand and follow this guidance.
- To use their professional judgement in application of this guideline.

Management:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations.
- To ensure the guideline is accessible to all relevant staff.

4.0 Introduction

- It is essential that formal local multidisciplinary arrangements are in place to ensure the safe transfer of women/people in the antenatal, intrapartum and postnatal periods.

- An effective working relationship between the multi-disciplinary team and a clear organisational structure for midwives and medical staff with explicit and transparent lines of communication is crucial to ensure optimum care for women/people and babies.
- A consistent approach to communication is required when transferring women/people.
- In order to clarify documentation and verbal handover purposes when transferring and handing over care, SBAR (see [Appendix 1](#)) a systematic approach has been introduced. The transfer processes are consistent throughout a 24 hour period.

4.1 Abbreviations used in this guideline

ITU - Intensive Care Unit	WH - Worthing Hospital
HDU - High dependency Unit	SBAR - Situation/Background/Assessment /Recommendation
SRH - St Richards Hospital	AN - Antenatal
PN - Postnatal	ANC - Antenatal Clinic

5.0 In utero transfer

5.1 Contacting the ambulance service

When transferring by ambulance, all cases will be classed as an emergency unless otherwise stated.

5.2 From the community

The local agreement with the ambulance service for an emergency transfer from community to hospital is that the midwife should:

- Dial 999.
- State she is a midwife.
- State she requires a paramedic ambulance for transfer.
- The midwife may need to choose a family member to make this call on their behalf. The midwife will ask the person to make the call in her presence to ensure the family member requests a paramedic ambulance.

5.3 From the hospital

To arrange an ambulance transfer from SRH & WH labour wards call:

- Ambulance Control on 0300 123 9163

The health professional should request a blue light / paramedic ambulance for transfer (depending on clinical situation).

5.4 Process and documentation requirements for hospital transfers

Multidisciplinary discussion should be held to ensure a safe and timely transfer with the woman/person involved in this discussion.

Where possible, a discussion should be held with the receiving unit prior to the decision for transfer. The decision for transfer is made by obstetric registrar, following discussion with obstetric consultant, paediatricians and the Neonatal Unit to ensure adequate labour ward staffing and availability of a neonatal cot.

- Women/people should give informed consent for transfer and next of kin should be informed. The woman can contact her next of kin directly or a staff member should if she is unable to.
- Labour Ward co-ordinator and/or senior obstetric clinician should telephone other south coast units to find a neonatal cot and maternal bed (see [Appendix 2](#) for Worthing and [Appendix 3](#) for SRH).
- Commence completion of the Transfer Checklist ([Appendix 4](#)).
- Inform woman/person of destination.
- Phone ambulance (see above) and request blue light / paramedic ambulance depending on clinical situation.
- Summary of case including the reason for transfer should be documented in the health record by the lead obstetrician.
- Midwife to complete SBAR transfer form ([Appendix 1](#)).
- Obstetrician to write a transfer letter using an SBAR format with 'Useful Information: St Richard's Hospital' ([Appendix 6](#)) printed on the reverse, or, 'Useful Information: Worthing Hospital' ([appendix 7](#)) printed on the reverse as appropriate.
- One copy of SBAR form and obstetrician letter to be left with receiving hospital, other to be filed in UHS maternity hospital notes on return to hospital.
- Photocopy all relevant inpatient antenatal / labour notes. Originals should not be transferred with the woman/person.
- Handheld antenatal record to be filed in the hospital notes and tracked to community midwives office. Should the woman/person return to our care, community midwives are to arrange the return of the notes to the woman/person at next contact.
- Midwife to ensure the information is completed in transfer folder and a copy of the transfer checklist is kept in the folder on Labour Ward.
- The fetal heart should be auscultated immediately prior to transfer either via CTG or IA depending on gestation. Fetal heart auscultation is not required during transfer due to safety considerations whilst travelling in an ambulance.
- Verbal handover to ambulance staff.
- Midwife escorts patient and takes transfer / delivery box from labour ward (if required).
- Labour Ward co-ordinator should telephone receiving unit that ambulance has left.
- On arrival, midwife hands over to receiving midwife. Any notes taken during transfer should be photocopied. One copy returns to UH Sussex West hospital maternity notes and one is given to the receiving hospital.

Where the transfer involves a complicated case or the patient is unstable, the referral should be consultant to consultant and this should be documented.

5.5 Process and documentation requirements for transfers from the community

Transfers into hospital should be arranged at the earliest indication of a developing complication (see [CG 12032 Homebirth Guideline](#)).

- The midwife should make a full assessment of mother/person and/or baby.
- Women/people should give informed consent for transfer and next of kin should be informed.
- The midwife should dial 999, state they are a midwife and ask for a paramedic ambulance for transfer.
- The midwife may need to choose a family member to make this call on their behalf. The midwife will ask the person to make the call in her presence to ensure the family member requests a paramedic ambulance.
- The midwife must phone Labour Ward to ensure co-ordinator and obstetric registrar informed of transfer.
- The midwife should ensure that the woman/person's birth partner is kept fully informed and that personal belongings accompany patient.
- A SBAR transfer form ([Appendix 1](#)) should be completed by the midwife to be used at the handover, and all antenatal and labour records should accompany the patient.
- The midwife should escort the woman/person to Labour Ward where she should perform verbal handover to the receiving midwife (if not remaining with the woman/person) and obstetrician as appropriate.
- The midwife should document the transfer in the labour record and file the SBAR form in the UH Sussex West hospital maternity notes following the handover.
- Complete DATIX.

6.0 Maternal transfer to ITU / HDU

- The most senior clinician is responsible for arranging the transfer
- Obstetric and anaesthetic teams should liaise with Critical Care unit (ITU / HDU) and plan care that is appropriate to the individual patient.
- The Obstetric Consultant should write a clear plan of care in the hospital notes.
- See [CG1148 Recognition and Management of Severely Ill Pregnant Women](#).

7.0 Transfers in the postnatal period

- For women/people who need to be transferred to another hospital or department in the postnatal period, the midwife should determine whether the patient requires an escort.
- If a woman/person is not fit for discharge and needs to be transferred between sites, or to a different Trust, in the postnatal period it should be by ambulance.

- If a woman/person is fit for discharge it is appropriate for them to go by car.
- The decision to transfer by ambulance should be made by the obstetric registrar following discussion with the consultant if appropriate.
- For ambulance transfers the registrar must phone the receiving hospital with details of the woman/person's condition and complete a referral letter outlining reasons for transfer
- A SBAR transfer form is available for use by the midwife. One copy returns to UH Sussex West hospital maternity notes and one is given to the receiving hospital
- All relevant notes should be photocopied and sent with patient. Originals must remain on site.

7.1 Neonatal readmissions

Please refer to **Neonatal referral pathway into hospital from community <28 Days (Readmission)** - Appendix 4 of [CG13019 Triage of Maternity Patients Guideline](#).

8.0 Onsite handover of care

8.1 On site handover

Handover is a critical time when information can be lost. A structured handover tool, SBAR (**S**ituation-**B**ackground-**A**ssessment-**R**ecommendation) has been introduced to improve communication during onsite handover of care for all staff, with the aim of reducing the number of patient safety incidents.

8.2 Midwife handover

The Midwife should document the handover of care by using either the SBAR sticker (see [Appendix 5](#)) and placing it in the health record or by using the Maternity SBAR Transfer Form ([Appendix 1](#)) and the receiving midwife should sign receipt of this handover. This principle applies to:

- 1 to 1 handover at the change of shift.
- From Antenatal Ward to Labour Ward (this includes Triage if applicable).
- From Labour Ward to the Postnatal Ward.

8.3 Medical handover

- On-call obstetric medical staff for both St Richards and Worthing hospitals, have responsibility for the in-patient maternity unit i.e. Labour ward and the Antenatal / Postnatal Ward. Therefore there is no care setting handover as the care givers remain the same.
- On call obstetric medical staff from the outgoing night shift and incoming day shift; along with senior midwifery staff, take part in a daily handover on the Labour Ward.
- Maternity information system ward map provides a 'live' record of current in-patients on Labour Ward. This is available alongside the white board during handover to ensure a more robust system.

- Obstetric medical clinicians are not expected to document this handover of care in each individual patient health record.
- In line with Safer Childbirth, as a minimum this handover should include the following clinicians: Labour Ward co-ordinator, on-call consultant and registrar.
- Evening handover on Labour Ward is between the outgoing day and incoming night registrars and SHOs with consultant presence if indicated.

9.0 Handover of care to the health visitor

Following booking, the community midwife is responsible for informing the health visitor of the pregnancy and any relevant social/ medical conditions. Any change of circumstances during the pregnancy must be communicated to the health visitor.

Following delivery, at discharge from midwifery care, the midwife must ensure the health visitor is aware if contact has not already been made. The midwife should complete the discharge forms at the back of the postnatal notes and ensure a copy is left with the mother to pass to the health visitor. If there have been any concerns in the postnatal period, the midwife must ensure the health visitor is kept informed (either by telephone or face-to-face).

If a baby remains in the special care baby unit after the mother has been discharged from midwifery care, the liaison health visitor at the hospital will telephone the relevant health visitor when the baby is discharged from the unit.

11.0 Monitoring / Audit

Suggested audit questions:

For hospital transfers:

- Summary of case including reason for transfer should be documented in the health record by the lead obstetrician.
- Midwife has completed SBAR transfer form.
- Obstetrician has written a transfer letter using the SBAR template letter.
- Where the transfer involves a complicated case or the patient is unstable, the referral should be consultant to consultant and this should be documented.

For transfers from the community:

- The midwife should make a full assessment of mother/person and/or baby.
- A SBAR transfer form has been completed by the community midwife.

ITU/HDU transfer:

- A clear plan of care is documented by an Obstetric Consultant in the hospital notes.
- Documented evidence that obstetric and anaesthetic teams have liaised with ITU / HDU.

On-site handover of care:

- SBAR sticker or the Maternity SBAR Transfer Form used in any transfer of care or transfer between wards between midwifery staff. The receiving midwife should sign receipt of this handover.

Handover to Health Visitor:

- Discharge forms at back of Postnatal Care Record should be fully completed and a copy left with the mother for the health visitor.

References

Confidential Enquiry into Maternity and Child Health. (2004). Why Mothers Die 2000-2002. London: RCOG Press. Available at: www.cemach.org.uk

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NHS England. (2019) Saving Babies' Lives Care Bundle v2. Available at:
<https://www.england.nhs.uk/wp-content/uploads/2019/03/Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf>

NHS Institute for Innovation and Improvement 2006-2010 SBAR Handover Tool

Appendix 1: Maternity SBAR Transfer Form

<u>Please complete or Affix Patient Label</u> Unit No: NHS No: Surname Forenames	Current location: Destination location: Care handed over by (print name & sign): Care handed over to (print name):
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Date:	AN / Labour / PN (circle)	Booking BMI:
Time:	Gestation/PN day:	Booking weight:
Age:	Smoking at booking: yes/no	Booking B/P:
	Current smoker: yes/no	
Situation (reason for transfer)		
Background (Obstetric, medical, social, other. Blood group, allergies, medication)	Medicines:	
Assessment (Results, CTG assessment, observations, bladder care, cannula care)	Most recent observations prior to transfer: T: P: BP: RR: SpO2: VTE: VIP score: Pressure area assessment: (circle) Green Amber Red Bladder care Last void: TWOC due: TWOC status: Risk assessment: LOW RISK HIGH RISK (circle)	
Recommendation (medical transfer letter, documented care plan, CTG review due)	Specimen/test results outstanding: Next obstetric review due:	
Neonatal (Paediatrician required at delivery, transitional care, PN care plans, screening, anomalies)		

Appendix 2: Worthing Hospital telephone numbers to arrange transfer

HOSPITAL	TELEPHONE NUMBER	SPEED DIAL	LABOUR WARD	NEONATAL UNIT
Emergency Cot line	0207 4077181			
Wessex Cot line	02380798792			
RSCH Brighton		2033	4373	4377
QA Portsmouth		2013	4546	3680
Southampton Princess Anne		2030	6337/8103	6001
Medway Kent	01634 830000			5880
St George's		2017		1938
St Thomas's – Guy (SCBU)		2002		88847
Chelsea & Westminster	02087 468000	2031	02088 467841/55	02088 467883
Kings College		2010		3553
Homerton			02085 107352	02085 107361
UCH		2089		02073876541
Northwick Park	02088 643232			
St Hellier's	02086 444343		2479	
Kingston-upon-Thames		2126	2422/ 3117/ 3359	02089 745390
Pembury		1395	8500	3359
Royal London Hospital			NO OBS UNIT	02073 777176
Hammersmith	02088 461234	2009	4230/ 3025	33908/ 33174
Hillingdon Hospital , Middlesex	01895 238282			3447
Lewisham	02083 333000		3026	02083 333139
Mayday	02084 013000		3219/ 3523	4476/ 4477
Queen Mary's ,Sidcup	02083 022678		02083 083029	02083 083035
Royal Free Hospital, Hampstead	02077 940500		3849	
St Mary's , Paddington			02078 861060	02078 861103
Whipps Cross, London	02085 395522		02085 356602	02085 356513
St Peters, Chertsey	01932 872000	2019	2361	2015/ 2386
Winchester & Eastleigh NHS Trust	01962 863535		01962 824810	01962 824200
Kent & Canterbury (William Harvey)	01233 633331	2117		
John Radcliffe	01865 221371			

Appendix 3: St Richards Hospital telephone numbers to arrange transfer

HOSPITAL	TELEPHONE NUMBER	SPEED DIAL	LABOUR WARD	NEONATAL UNIT
Emergency Bed Bureau				
Emergency Cot line	0207 4077181			
Wessex Cot line	02380798792			
Basingstoke	01256 473202			
Brompton		#5150		
Chelsea & Westminster		#5472		
Eastbourne		#5732		N/A
East Surrey (Redhill)		#5155		
Frimley Park		#5105		
Great Ormond Street		#5106		
Guys		#5107		
Kings		#5730		
Mayday		#5117		
Nuffield Chichester		#5128		
Poole		#5469		
Princess Anne Southampton		#5137		
Royal Surrey Guildford		#5125		
Royal Sussex County Brighton		#5126		
St George's		#5130		1936
St Hellier's		#5131		
St Mary's Isle Of Wight		#5175		
QA, Portsmouth	02392 283287	#5123	3664/5	02392 866681
St Peter's Chertsey		#5134		
St Thomas		#5107		
Salisbury District		#5119		
The Grange (Petersfield)	01730 266742			
Winchester		#5153		
Worthing		#5143	5230	

Appendix 4: Checklist prior to transfer

Hospital number: Surname: Forename(s): D.O.B: Address: <p style="text-align: center;">Attach label</p>	Date: Receiving Hospital: Reason for Transfer:
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Royal Sussex County Hospital Brighton	Time of call	If refused, reason
Speed dial - 82033 Main Tel: 01273 696955 Labour Ward Ext. 64373 Tel: 01273 664793 Neonatal unit Ext. 64377	Accepted	
	Refused	
Queen Alexandra Portsmouth	Time of call	
Speed dial - 82090 Main Tel: 02392 286000 Labour Ward Ext. 4500 or 3286 or 4504 Neonatal unit Tel: 02392 283231	Accepted	
	Refused	
University Hospital Southampton	Time of call	
Main Tel: 02380 777 222 Labour Ward Tel: 02381 206002 Neonatal unit Tel: 02381 06001 #1623	Accepted	
	Refused	
Other units contacted	Time of call	Accepted/Refused

Version 2.1 June 2023

Appendix 4: Checklist prior to transfer

Name:

Hospital number:

NHS Number:

Task	Initial	Comments
Discussed with obstetric team Discussed with neonatal team Discussed with parents		Consent obtained?
Acceptance of receiving unit		Name of accepting person Role: Time:
Obstetrician handover		
Midwife escort arranged		Name: Time:
Ambulance transfer arranged		Time arranged: Urgency: Time arrived:
SBAR completed		
Obstetrician care plan documented		
Transfer letter completed		
Create PDF from Badgernet of the patients record and also include- <ul style="list-style-type: none"> Pathology results including any outstanding tests from affinity Medicine administration and prescription history from EPMA 		
Equipment checked <ul style="list-style-type: none"> Prior to transfer Post transfer 		
Email named Midwife to advise of transfer		
Email appropriate ANC to advise of transfer		WH: uhsussex.wor.antenatalclinic@nhs.net SRH: antenatal.clinic1@nhs.net
Inform Safeguarding Midwives		uhsussex.safeguardingmidwives@nhs.net
Transfer timings		Time left: Time arrived at receiving hospital: Handover completed:
Documentation completed on route copied and filed in notes		
Print Name:		Signature:

**Once checklist completed, please scan into MIS
and file in green handheld notes.**

Appendix 5: SBAR

S	<p>What is happening now?</p> <p><i>Identify yourself, woman/baby by name, Parity & Gestation</i></p> <p><i>Reason for Request/briefly describe Current Situation</i></p>
B	<p>What has happened in the past that is relevant?</p> <p><i>Reason For Admission,</i></p> <p><i>Significant Medical or Obstetric History</i></p>
A	<p>What is the Problem/Issue?</p> <p><i>Summarise Facts/Findings</i></p> <p><i>Relevant Observations & MEOWS Fetal Condition</i></p>
R	<p>What do you think needs to happen now? What does the receiver want you to do?</p> <p><i>Recommendations/Proposed Plan of Care</i></p> <p><i>What Action is Required?</i></p>

Recommendation **Ask receiver to repeat key information to ensure understanding**

Appendix 6: SRH Transfer template letter (reverse side)

Obstetrician to write transfer letter using SBAR format. With the following details printed on the reverse side:

Useful information: St Richard's Hospital

Our Trust uses Badgernet Maternity and has the Single Pregnancy record. If your unit also uses the same system, please search for the patient's NHS number for full information.

Alternatively we have provided you with a PDF copy of the record at the point of transfer.

On discharge of the woman/person, please email the Worthing Community Team with discharge information including attachments if available at:

uhsussex.srhcommunityteamleaders@nhs.net

Please find below contact information should you need it.

Antenatal Clinic: Tel: 01243 788 122 ext. 32942
Email: antenatal.clinic1@nhs.net

Community Midwives: 01243 788 122 ext. 32811
Email: uhsussex.srhcommunityteamleaders@nhs.net

Labour Ward: 01243 788 122 ext. 32961/32962

Tangmere Ward: 01243 788 122 ext. 32942
Email: srh.tangmere@nhs.net

Safeguarding : Email: WSHNT.SafeGuardingMidwives@nhs.net

If a baby sadly dies, please email wshnt.BereavementMultidisciplinaryTeam@nhs.net immediately so that all relevant departments are informed.

Appendix 7: Worthing Transfer templat letter (reverse side)

Obstetrician to write transfer letter using SBAR format. With the following details printed on the reverse side:

Useful information: Worthing Hospital

Our Trust uses Badgernet Maternity and has the Single Pregnancy record. If your unit also uses the same system, please search for the patient's NHS number for full information.

Alternatively we have provided you with a PDF copy of the record at the point of transfer.

On discharge of the woman/person, please email the Worthing Community Team with discharge information including attachments if available at:

uhsussex.whcommunitydischarges@nhs.net

Please find below contact information should you need it.

Antenatal Clinic: 01903 205111 ext. 84371
Email: uhsussex.wor.antenatalclinic@nhs.net

Community Midwives: 07775778166
Email: uhsussex.whcommunitydischarges@nhs.net

Labour Ward: 01903 285138
Email: wgh.deliverysuite@nhs.net

Bramber Ward: 01903 285144
Email: wor.bramber@nhs.net

Safeguarding: Email: uhsussex.safeguardingmidwives@nhs.net

If a baby sadly dies, please email wshnt.BereavementMultidisciplinaryTeam@nhs.net immediately so that all relevant departments are informed.