

## Appendix 1 – Checklist: preparing for a maternal transfer

Use this checklist in addition to the main 'Preparing for a Retrieve transfer' one. Consider printing this to aid preparation

		Tick
Patient Information	Maternity record	
	If pre-term birth predicted, complete periprem checklist and send copy with patient	
	Inform patient and partner of planned transfer. Signpost <a href="http://www.retrieve.nhs.uk/patients">www.retrieve.nhs.uk/patients</a> for more information	
Equipment	Delivery pack, cord clamp, neonatal mask for BVM to go with transfer team	
	If delivery anticipated, identify midwife to accompany patient (ideally transfer trained and experienced in delivery out of hospital)	
Drugs	<p>Please give all patients an antiemetic (e.g. ondansetron 4mg IV) 30 minutes prior to the arrival of the transfer team</p> <p>If requested, please prepare the following for the Retrieve team:</p> <ul style="list-style-type: none"> <li>• Sytocinon 10IU</li> <li>• Magnesium sulphate</li> <li>• Hydralazine</li> <li>• Steroids (betamethasone or dexamethasone)</li> <li>• Tocolytics (if threatened pre-term labour ensure administration of nifedipine or atosiban as per regional guidelines)</li> </ul>	

## Appendix 2 – Checklist: Retrieve/transfer team pre-transfer

Documentation	<p>You <b>must</b> record the following key information:</p> <ul style="list-style-type: none"> <li>• Obstetric reason(s) for transfer</li> <li>• Parity</li> <li>• Gestation</li> <li>• Recent EFW (estimated fetal weight) if known</li> <li>• Blood group / Rhesus status</li> <li>• Previous births (vaginal/LSCS)</li> <li>• Placental site</li> <li>• Other significant issues relating to pregnancy / delivery (e.g. significant abdominal surgery, uterine anomalies, Jehovah's Witness, etc)</li> </ul>	
Equipment	Delivery pack, cord clamp, neonatal mask for BVM	
	If delivery anticipated, midwife to accompany patient	
	Sufficient bedding, inco pads and towels in the ambulance?	
Drugs	<ul style="list-style-type: none"> <li>• Considering setting up Magnesium Sulphate prior to departure if concerns regarding seizures <b>or</b> if need for pre-term delivery (&lt;30/40) <ul style="list-style-type: none"> <li>• Loading: 4g (8ml) MgSO<sub>4</sub> made up to 20ml with 0.9% sodium chloride. Give as slow bolus over 5-10 minutes.</li> <li>• Maintenance: 10g (20ml) MgSO<sub>4</sub> made up to 50ml with 0.9% sodium chloride (concentration 0.2g/ml); give 5ml/hr (1g/hr).</li> <li>• Further seizures: 2-4g (4-8ml) made up to 10ml; bolus 5-10 mins</li> </ul> </li> <li>• Do you have sufficient MgSO<sub>4</sub> to deliver the above (and to start en-route if required)?</li> </ul>	
Patient	Have anti-emetics been administered?	
	If >20/40 gestation, optimise position to minimise aorto-caval compression	
Advice	Do you have the contact details of CDS and receiving hospital obstetrician?	