

Study aims

1. Quantify very preterm infants undergoing multiple post-natal transfers
2. Identify potentially avoidable transfers

Background

Neonatal care in the UK is organised into twelve clinical networks geographically, with the aim being for neonatal care for each baby to be managed within their catchment unless they require specialist services only available elsewhere.

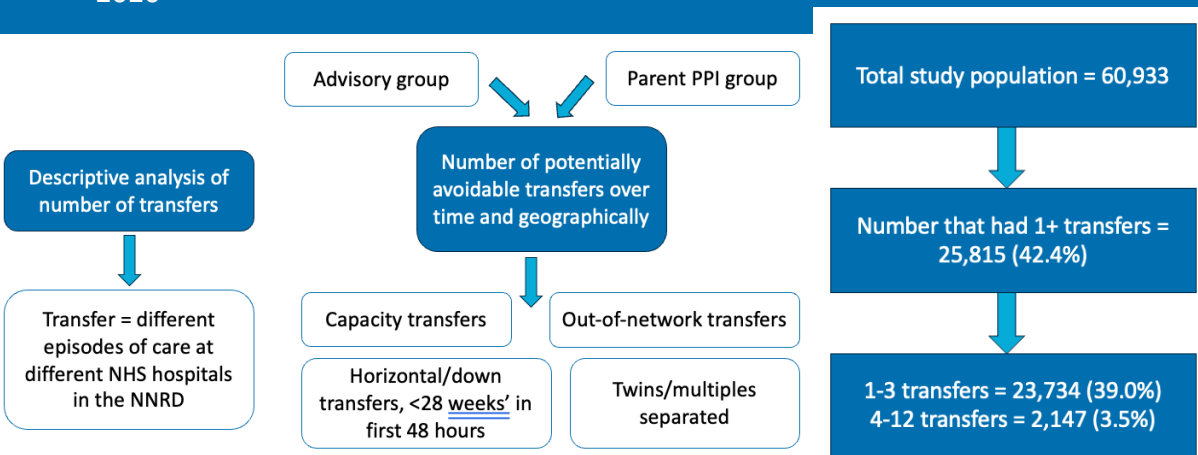
Types of transfers:

- Indicated transfers – medical/surgical care unavailable at current hospital, repatriation (transferring patients to previous treating hospital or closer to their usual residence)
- Potentially avoidable transfers – capacity issues – e.g. bed management, staffing, equipment, inter-network transfers, clinically detrimental transfers

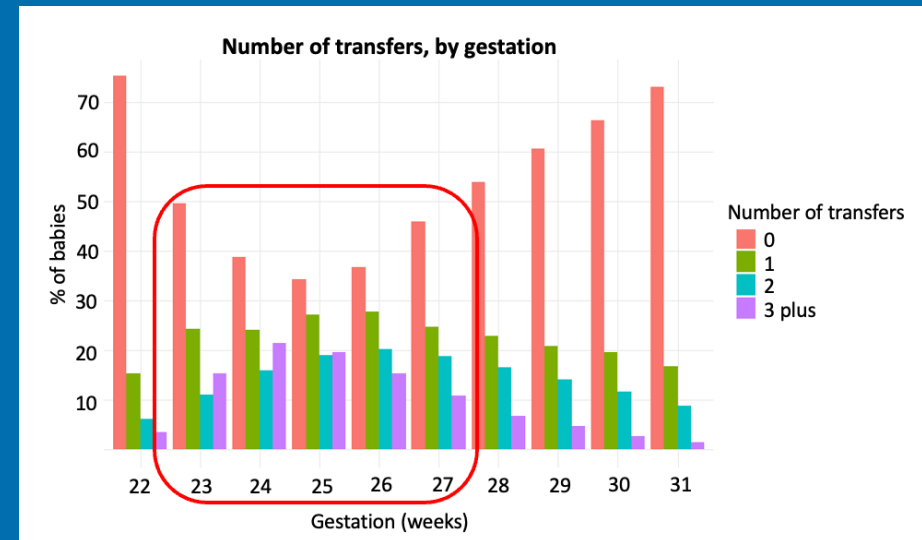
Early transfers in preterm babies are associated with adverse outcomes, and are difficult for families.

Methods

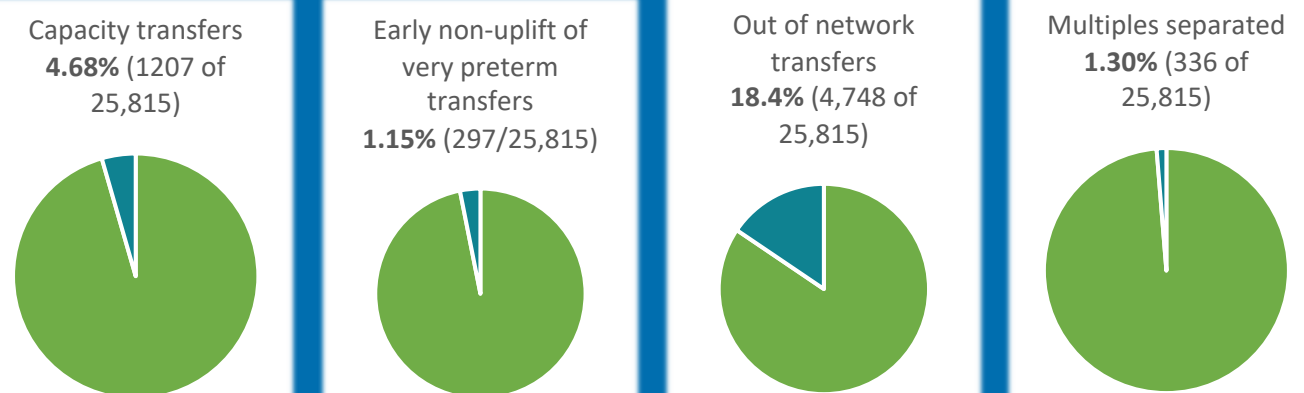
- Retrospective cohort study, using National Neonatal Research Database
- Inclusion criteria - babies born <32 weeks' gestation in England and Wales, 2013-2020



Results



Babies 23-27 weeks' gestation more likely to be transferred than not, with a higher proportion of those undergoing 3 or more transfers



Proportion of all transfers identified as 4 categories of potentially avoidable transfers

Conclusions

- High number of preterm babies are transferred in the UK. Most had 1-3 transfers, although a few had up to 12 transfers.
- High proportion are potentially avoidable
- There is currently very little data on later transfers and multiple transfers, and associated outcomes
- There is lots of regional variation which suggests organisational factors, so we need to identify best practices/bottlenecks to improvement