



Guidelines for Parents Travelling with their baby

V 2.0 (February 2024)

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Northern Neonatal Transport Service (NNeTS) Guideline G02: Guidelines for Parents Travelling with their baby

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Introduction

It is well documented that having a baby admitted to a neonatal unit is a very difficult time for parents. If their baby is very premature or very sick and needs to be moved to another hospital in a hurry this can also be extremely traumatic and confusing for them (BLISS 2015).

There are ways in which neonatal services can help parents cope during this time and make them feel involved in their baby's care including offering them the opportunity to accompany their baby during transport if possible (DOH 2009).

Scope of guideline

This covers all occasions where NNeTS staff may be transporting an infant and there is the potential for a parent to travel with their baby.

It is important to note that there is not a 'set in stone' policy for parents accompanying their baby on transport: each case should be risk assessed individually by the attending NNeTS team.

Guideline

The consideration and application of this guidance to clinical situation assumes that all members of NNeTS follow the over-arching principle that: ***where possible, safe and appropriate, one parent should be invited to travel with their baby.***

Points to consider when assessing appropriateness of parental travel

Parent:

- Medically fit to travel.
- Mother must be discharged from in-patient obstetric care and be more than 24 hours post normal vaginal delivery and 72 hours post caesarean section.
- Signs of aggressive or difficult behaviour.
- Accompanying parent must be able to access the vehicle independently.

Infant:

- Stability of the infant.
- Potential need for interventions on the journey.

Safety:

- Everybody travelling must be able to sit in forward or rear facing seat with the 3 point safety belt correctly secured.
- Possibility of a speedy transfer with blue lights and sirens.

If parental travel deemed appropriate please refer to the following guidance:

- Parent must be aware that lights and sirens may be used to assist the crew through traffic.
- The parent should **not** usually sit in the front with the driver ***as this may distract the driver.***
- **They must keep luggage to a minimum.** Ideally one small bag that will fit into one of the ambulance cupboards. This is to maintain safety in the ambulance and minimise risk of ballistic injury from unsecured items in the event of a crash.
 - When confirming the transfer NNeTS staff should ensure this requirement is explicitly passed onto the parents by the referring unit, as parents will need to make arrangements to transfer excess baggage by other means.
- It must be made clear to the parent that should they themselves become unwell while on the journey, immediate assistance offered by the NNeTS staff will be equivalent to that provided by an ordinary member of the public. It is usual that the NNeTS team will be travelling in a NEAS (North East Ambulance Service) vehicle and crew. The crew may have technician or paramedic rating and as such offer more advanced care to the parent if required and appropriate.
- It must be made clear to the parent that should the team have to stop the vehicle urgently to assist the baby, they should follow the NEAS/NNeTS staff instructions. This may be to remain in their seat or vacate the vehicle ***if safe to do so*** to allow the team space to work with the infant.

Transport documentation

It is mandatory that the following is completed on the transport sheet:

- Evidence of a NNeTS risk assessment/ discussion regarding suitability of parental travel and the decision made between NNeTS and the parent
- Which parent is travelling with the baby
- If applicable the location and contact details of the other parent/support person in case of emergency
- Any problems encountered with the parent on the journey

Other important information

- If the parents are travelling independently, it is important that the NNeTS team are clear as to where their baby is going and give directions/contact details of the receiving unit.
- Parents must be ***explicitly told not to follow the ambulance if travelling independently and not to stop behind any ambulance they see parked by***

the roadside en route to destination as this may not contain the NNeTS team.

6 **Monitoring**

The monitoring schedule for this guideline is set out in the table below.

Standards	Monitoring and audit			
	Method	By	Group / Committee	Frequency
All transport sheets will have a documented risk assessment/discussion regarding suitability of parental travel plus the decision made and rationale behind decision.	<ul style="list-style-type: none"> Snapshot random audit of transport sheets. 	Lead transport nurse Transport risk team.	<i>NNeTS Governance</i>	Quarterly
All transport sheets contain details of the travelling parent and contact details of the other parent/support person in case of emergency.	<ul style="list-style-type: none"> Snapshot random audit of transport sheets. 	Lead transport nurse Transport risk team	<i>NNeTS Governance</i>	Quarterly
Any untoward incidents involving the travelling parent will be documented on the transport sheet and reported via the <i>Datix</i> system.	<ul style="list-style-type: none"> Snapshot random audit of transport sheets. Reporting of incidents via <i>Datix</i>. 	Transport nurse Lead transport nurse Transport risk team	<i>NNeTS Governance</i>	Quarterly
An Increase in the number of parents accompanying their baby on transfer.	<ul style="list-style-type: none"> Snapshot random audit of transport sheets. 	Transport risk team	<i>NNeTS Governance</i>	Quarterly

References

1. <http://www.nna.org.uk/html/babytransfers.pdf> Transfers of premature and sick babies 2015

2. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107845
3. Toolkit for high quality neonatal services (DH 2009).

Consultation History

Version	Date	Consultation
V 1.0	May 2018	Guideline Group/ NNeTs Guideline ratification
V 2.0	February 2024	Clinical Lead update and revision as required