



The Northern Neonatal Network
An Operational Delivery Network
Website - www.nornet.org.uk



Chair: Deborah Jenkins

deborah.jenkins@stees.nhs.uk

Clinical Lead: Dr Sundeep Harigopal

sundeep.harigopal@nuth.nhs.uk
P.A. 01642 282724

Nurse Lead: Lynne Paterson

lynne.paterson@stees.nhs.uk
(01642) 854871

Manager: Martyn Boyd

Northern Neonatal Network, Trust Headquarters (Room 248), Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP

martyn.boyd@chsft.nhs.uk
Office line (0191) 541 0139
Mobile 07795062535

Northern Neonatal Network Care Pathways – January 2014

County Durham & Darlington NHS Foundation Trust – University Hospital of North Durham & Darlington Memorial Hospital

Scope of care

County Durham & Darlington NHS Foundation Trust provide neonatal services on two sites – at the University Hospital of North Durham and Darlington Memorial Hospital. The Units at Darlington and Durham also receive referrals from the Midwifery-led Unit at Bishop Auckland General Hospital, which now no longer provides inpatient Special Care/neonatal services, although the delivery numbers are included in statistical returns from Darlington, as well as obstetric ante-natal transfers where non-intensive care is anticipated and the mother can be safely moved. There is a high degree of collaboration and co-operation between the two Units and both are overseen by the same Divisional/Directorate management team as well as the Lead Consultant Paediatrician, who clinically oversees both sites. There is also a rotation system in place for the nursing staff. The current services provided on each site are as follows;

SCBU, University Hospital of North Durham

Current Unit capacity

12 Special Care cots

Annual number of deliveries

3074 (April 2012 – March 2013 figures)

Annual number of admissions

235 (April 2012 – March 2013 figures)

Current threshold for routine ante-natal transfers

Generally obstetricians will try to transfer <30/40 gestation mothers to a Level 3 NICU hospital

Current threshold for routine post-natal transfers

<28/40 are routinely transferred to a Level 3 NICU for Intensive care

Other thresholds for routine post-natal transfer

Babies who can be cared for and requiring investigations that can be undertaken at UHND will usually not be transferred. Examples of those who we will require transfer include: babies requiring ventilation, Cardiac/surgical assessment/intervention before discharge, babies requiring Long lines & TPN, Exchange transfusion, Intensive treatment for HIE, babies with Metabolic disorders requiring specialised treatment and also any baby identified as requiring transfer after discussion with regional colleagues

Routine investigations/tests/screening currently undertaken

ROP screening, MRI, CT scans, ECG, Cardiac scans (simple).

Surgical procedures undertaken or post-surgical care provided if not?

No surgery is currently provided at UHND.

Cooling for H.I.E undertaken?

The SCBU is currently passively cooling babies prior to transfer to a NICU for active cooling if required/indicated.

T.P.N. provided on-site?

No

Neonatal community outreach team/services provided?

Both CDD units operate an outreach service across the county supporting discharged babies who:

Still require NGT feeds until full oral feeding is established (not long term NGT)

Require repeat/routine neonatal bloods

Are on phototherapy

Have not established a substantive weight gain pattern in hospital

Require regular monitoring of withdrawal medication (in alternative care only)

Oxygen dependant babies and those who require neuro disability monitoring are seen in the community by CDD paediatric nurses and community paediatricians

Transitional Care provision on-site?

None, although some babies needing SBRs and IV antibiotics on the post natal ward currently receive this care via neonatal nurses from the SCBU, not the midwives.

SCBU, Darlington Memorial Hospital

Current Unit capacity

12 Special Care cots

Annual number of deliveries

2511 + 256 (At Bishop Auckland MLU) = 2721 (April 2012 – March 2013 figures)

Annual number of admissions

218 (April 2012 – March 2013 figures)

Current threshold for routine ante-natal transfers

Generally obstetricians will try to transfer <30/40 gestation mothers to a Level 3 NICU hospital, or < 32/40 weeks gestation if a multiple pregnancy.

Current threshold for routine post-natal transfers

<28/40 are routinely transferred to a Level 3 NICU for Intensive care.

Other thresholds for routine post-natal transfer

Babies who can be cared for and requiring investigations that can be undertaken at Darlington will usually not be transferred. Examples of those who we will require transfer include: babies requiring ventilation, Cardiac/surgical assessment/intervention before discharge, babies requiring Long lines & TPN, Exchange transfusion, Intensive treatment for HIE, babies with Metabolic disorders requiring specialised treatment and also any baby identified as requiring transfer after discussion with regional colleagues.

Routine investigations/tests/screening currently undertaken

ROP screening, MRI, CT scans, ECG, Cardiac scans (simple).

Surgical procedures undertaken or post-surgical care provided if not?

No surgery is currently provided at Darlington.

Cooling for H.I.E undertaken?

The SCBU is currently passively cooling babies prior to transfer to a NICU for active cooling if required/indicated.

T.P.N. provided on-site?

No

Neonatal community outreach team/services provided?

Both CDD units operate an outreach service across the county supporting discharged babies who:

Still require NGT feeds until full oral feeding is established (not long term NGT)

Require repeat/routine neonatal bloods

Are on phototherapy

Have not established a substantive weight gain pattern in hospital

Require regular monitoring of withdrawal medication (in alternative care only)

Oxygen dependant babies and those who require neuro disability monitoring are seen in the community by CDD paediatric nurses and community paediatricians

Transitional Care provision on-site?

None, although some babies needing SBRs and IV antibiotics on the post natal ward currently receive this care via neonatal nurses from the SCBU, not the midwives.