Northern Neonatal

Operational Delivery Network

Clinical Guidance

Title	LNU Clinical Thresholds Summary
Reference	GL-03
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This clinical guideline has been developed to ensure appropriate evidence based standards of care throughout the Northern Neonatal Operational Delivery Network (NNODN). The appropriate use and interpretation of this guideline in providing clinical care remains the responsibility of the individual clinician. If there is any doubt please discuss with a senior colleague.

It is the responsibility of all users of this guideline to ensure that the correct version is being used.

1.0 Introduction

This document summarises gestational age thresholds, birthweight thresholds, and clinical criteria requiring transfer from a Local Neonatal Unit (LNU) to a Neonatal Intensive Care Unit (NICU), based on the NHS England Neonatal Critical Care Service Specification (March 2024).

This document was created in response to the NCCR pathway and unit designation changes implemented across the Northern Neonatal ODN region on 1st July 2026.

2.0 Guideline Scope

Principles of care

Where possible, women will be transferred in-utero to the Network NICU when gestational age, anticipated birth weight or need for complex or prolonged intensive care is anticipated in line with ODN care pathways.

3.0 Main Guideline Content

Gestational Age Thresholds

- Singleton births ≥27+0 weeks
- Multiples ≥28+0 weeks

ODN exception: Babies inborn within 24 hours of threshold gestation may be considered for ongoing care at an LNU.

Birthweight Thresholds

- LNU provides care for babies with a birthweight ≥800 g

ODN exception: 5% leeway (~750 grams)

Limits on Intensive Care at an LNU that need discussion with regional transport team, NNeTS

- An LNU will not ordinarily provide ongoing complex care intensive care.
- An LNU will provide short-term intubated ventilation (48h). To discuss with NNETS by 48 hours or the following morning after ward rounds (11 am) if still receiving intubated ventilation and 24 hourly if still ventilated.
- LNU clinician will have the final decision regarding transfer for ongoing care.
- Consider transfer if prolonged invasive ventilation >48h anticipated

Clinical conditions ordinarily requiring transfer to NICU

- Advanced respiratory therapies: can initiate inhaled nitric oxide (iNO) or high-frequency oscillatory ventilation (HFOV) for stabilisation until transfer.
- Therapeutic hypothermia: LNU can initiate therapeutic hypothermia, but ongoing active therapeutic hypothermia requires transfer to NICU.
- Need for multi-organ support: intubated ventilation **plus** inotropes, insulin infusion, chest drain, exchange transfusion or prostaglandin infusion beyond stabilisation.
    - ODN Exception- Exchange transfusion and chest drains may be done in an LNU for inborn babies. Audit data to be provided to ODN for assurance.
- Any complex intensive care including renal failure, DIC, metabolic acidosis.

Repatriation

A baby should be considered for repatriation once intensive care is no longer needed, and the required level of ongoing care matches that provided in an LNU (typically high-dependency or special care).

Once a baby has completed intensive care on a NICU, they can be repatriated to an LNU if:

- Receiving high dependency or special care
- Stable for transfer once on non-intubated respiratory support – BiPAP, CPAP, High flow oxygen
- Receiving total parenteral nutrition
- Receiving total parenteral nutrition AND is on non-intubated respiratory support
- With central venous or long line
- Not on inotropic support, insulin, chest drain.

There is no specific period that the baby needs to be out of intensive care for repatriation to be considered, however, a 24- 48-hour period of stability would be considered reasonable at clinician discretion.

Acute transfers contraindications from SCU to LNU

Contraindications for transfer into an LNU from a SCU

- <27 weeks gestation (at birth)
- < 28 weeks gestation multiple (at birth)
- < 800 grams birth weight (at birth)
- Therapeutic hypothermia
- Ventilated **plus** inotropes, inhaled nitric oxide, chest drain

ODN exceptions for IUT transfers

- If a woman is in need of an IUT within 24 hours of 27+0 weeks (singleton) or 28+0 weeks (multiple) it would be reasonable for the clinical team to consider transferring the woman to an LNU if there is no capacity in a NICU before considering out of region transfer.

4.0 Monitoring & Audit

Exception reporting (BadgerNet)

- Monthly exception reporting via BadgerNet will be produced by the ODN and shared with Network Clinical Lead and LNU Clinical Lead.
- Clinical exceptions will be reviewed every quarter via the ODN Governance meeting.

ODN exception reporting will identify:

- Babies ventilated on day 3 or beyond
- Babies <27wks or <800g in an LNU beyond 1 day of life
- Babies receiving intubated ventilatory support for greater than 48 hours beyond 1 day
- Babies receiving ventilation via a tracheal tube **AND** inotropes, prostaglandin infusion, insulin infusion, a chest drain, or had an exchange transfusion in a LNU beyond 1 day
- Babies with hypotension, disseminated intravascular coagulation (DIC), renal failure, or metabolic acidosis
- Babies who received nitric oxide, HFOV, or therapeutic hypothermia beyond day 1