

# **Northern Neonatal Transport Service (NNeTS) Guideline**

## **Guidelines for Parents Travelling with their Baby**

Version No.:	V 3.0
Effective From:	October 2025
Expiry Date:	October 2028
Date Ratified:	October 2025
Ratified By:	NNN Board
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### **1 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).

### **2 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.

For the purposes of this guideline, the term 'parent' can refer to either the baby's mother or father or, with the explicit consent and request of the parents, a first degree relative such as Grandparent in circumstances (for example) where they may have been birthing partner and the mother cannot travel. In such circumstances, the receiving centre must be informed of who has travelled with the baby and the accompanying relative made aware that in some units they may be asked to wait away from the cot side at the receiving unit until a parent can accompany them on the NNU.

### **3 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.
- Observed or reported behaviour from a parent which the NNeTS or NEAS team believe may compromise the safety of the baby, NNeTS team, or both, while the vehicle is in transit.
- Accompanying parent must be able to access the vehicle independently.

**Infant:**

- Stability of the infant and potential need for interventions on the journey within the confines of the vehicle.

**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.

The considerations above form part of a dynamic risk assessment to be completed after attending the referring unit and before moving to the ambulance.

There is no specific hierarchy or weighting of these considerations relative to the others: they all potentially impact on safety in the vehicle while on the road.

As a general rule, for a post-partum mother to be reliably medically fit for transport with their baby, we would expect them to have been discharged from in-patient obstetric care and be either more than 24 hours post-normal vaginal delivery or more than 72 hours post-Caesarean section delivery. Expedited, extraordinary or rushed discharge by maternity services at the referring centre, which do not follow usual obstetric/maternity requirements for safe maternal discharge, will *not* result in a mother being suddenly 'medically fit to travel' as far as this risk assessment goes. Maternity staff proposing such precipitous discharge should be discouraged from doing so as it will not change the likelihood of a mother travelling in the vehicle. It is essential that wherever possible a maternal collapse or illness en route is avoided. If this happened it would precipitate the neonatal transfer being halted at the roadside while extra NEAS resources are brought to the scene for the mother: i.e. it would directly, adversely impact the timely transfer of the baby.

As is NNeTS' usual practice, where a baby is *very* sick or likely to need serious intervention (such as surgery) *immediately* on arrival at the receiving centre, then the transporting a parent in the ambulance can be helpful to assist the receiving team to continue clinical care with parental input. However, for them to travel with their baby, everyone's safety in the vehicle remains paramount.

If any of the above considerations mean that the NNeTS or NEAS team deem it *inappropriate* for a parent to accompany the baby in the vehicle, the reason should be documented on the transport sheet and explained to the family before departing the referring centre. If the team are unsure of how to proceed, or wish to discuss further, a call should be made to the NNeTS consultant on call for advice.

### **If parental travel deemed appropriate:**

- The 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 with a NEAS crew. The crew may have technician or paramedic rating and as such offer more advanced care to the parent if required and appropriate but if this happens it will interrupt the transport of their baby (see above).
- 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.

<b>Standards</b>	<b>Monitoring and audit</b>			
	<b>Method</b>	<b>By</b>	<b>Group / Committee</b>	<b>Frequency</b>
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"> <li>Snapshot random audit of transport sheets.</li> </ul>	Lead transport nurse Transport risk team.	NNeTS Governance	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"> <li>Snapshot random audit of transport sheets.</li> </ul>	Lead transport nurse Transport risk team	NNeTS Governance	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"> <li>Snapshot random audit of transport sheets.</li> <li>Reporting of incidents via <i>Datix</i>.</li> </ul>	Transport nurse Lead transport nurse Transport risk team	NNeTS Governance	Quarterly
An Increase in the number of parents accompanying their baby on transfer.	<ul style="list-style-type: none"> <li>Snapshot random audit of transport sheets.</li> </ul>	Transport risk team	NNeTS Governance	Quarterly

## References

- <http://www.nna.org.uk/html/babytransfers.pdf> Transfers of premature and sick babies 2015
- [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107845](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107845)
- Toolkit for high quality neonatal services 2009.